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ABSTRACT

The articles on physical education and recreation for the mentally retarded have been compiled from the first five volumes of Challenge, a bi-monthly newsletter dealing with physical education, recreation, camping, outdoor education, and related activities for the retarded. Also included are a few entries from Outlook, a newsletter dealing with similar programs for persons with handicaps other than mental retardation. Contents are primarily written by and oriented toward the working practitioner, and are intended to convey practical information on programs, activities, problems, rationale, and philosophical considerations. Items are grouped according to contents into the following categories: philosophy and editorials, activities (handicrafts and games, athletics, bowling, dance, motor development, music physical education and fitness, swimming, tires and tubes, volunteer student activities), programs (adult, camping, grouping, on going, residential facilities, recreation, scouting, severely retarded, therapy, trainable retarded), equipment and innovative ideas, leadership, books and periodicals, films, cross country challenges, and research. (KW)

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The BEST of Challenge

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Preface

The Best of Challenge is the result of interest and demand expressed by many individuals and groups – schools, colleges and universities, residential facilities, day care centers, camps of all descriptions, recreation and park boards and departments, community centers, service and civic groups, hospitals, volunteer and parent associations, general and special clinics, professional groups, teachers and students, and governmental agencies. It can be used as a basic or supplementary *text* for college/university courses, as a *resource* for all types of libraries, and as a *reference* for workshops, clinics, seminars, institutes, classes, and similar in-service and pre-service programs.

This publication is composed of the first five volumes of *Challenge*, a bi-monthly newsletter dealing with physical education, recreation, camping, outdoor, education, and related areas for the mentally retarded. *Challenge* has been published since November 1965 by the American Association for Health, Physical Education, and Recreation's Unit on Programs for the Handicapped. *The Best of Challenge* also contains a few entries from *Outlook*, a newsletter dealing with programs for individuals with conditions other than mental retardation, such as polio, cerebral palsy, deafness, blindness, amputations, emotionally disturbed, and orthopedically handicapped.

Materials and information are current, down-to-earth, and realistic; contents are *of, for,* and *by* the practitioner working at the grassroots level. *The Best of Challenge* can contribute to the physical educator, recreation specialist, special educator, administrator, supervisor, physician, nurse, psychologist, social worker, student, professor, paraprofessional, aide, volunteer, and parent. This compilation tells what is going on in physical education and recreation for the mentally retarded. Philosophical considerations, rationale, attack on nitty-gritty problems, and many other concerns are included.

All issues of *Challenge* have been reviewed thoroughly so that articles and materials not currently appropriate have been omitted from the compilation. Existing items have been organized and grouped so that contents are logical, practical, and easily used. Sections are entitled Philosophy and Editorials, Activities, Programs, Facilities-Equipment-Innovative Ideas, Leadership, Books and Periodicals, Films, Cross Country Challenges (bulletins about on-going programs), and Research. Specific sub-sections deal with such areas as Arts-Crafts-Games, Athletics and Sports, Dance, Motor Development, Music, Fitness, Swimming, Volunteer Student Activities, Adult Programs, Camping, Scouting, and Therapeutic Programs. It is hoped that *The Best of Challenge* will be useful regardless of the level of individuals with whom one works, the situation in which he works, the age of his charges, and his own interest, abilities and experience. Although most of the materials presented have resulted from the challenge of meeting specific problems of the retarded and handicapped, these same approaches and devices can be equally effective for nonhandicapped with similar problems who function at comparable levels.

The unselfish cooperation of many individuals have made *Challenge* and this compilation possible. Many dedicated persons have provided information about their programs; they have been more than willing to share their experiences, relate success stories and promising practices, and tell of exciting and productive things that have been effective in their programs. Consideration, concern, courtesy, and professionalism have promoted development of physical education, recreation, and related programs for the mentally retarded during the last several years. Team work, cooperation, and interdisciplinary efforts that reflect an attitude of, "It matters not who gets the credit so long as the job gets done," insure continued progress so that eventually all mentally retarded and handicapped can be given opportunities and experiences to help them become more independent and to be integrated to a greater extent into the mainstream of society. To these individuals, to the impaired, disabled, and handicapped themselves, and to the fulfillment of the stipulated objectives *The Best of Challenge* is respectfully dedicated.

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I. PHILOSOPHY & EDITORIALS

1970—FLASHBACK

Alfred Kamm
Consultant, Department of Special Education
Program Development and Evaluation
Springfield, Illinois

The current expansion and improvement of various types of physical activity programs for the mentally retarded is the result of many years of hard work. Their history is quite helpful in understanding the use of these activity programs and in seeing the possibilities for other programs for the retarded.

The therapeutic values of physical activities were recognized by mental hospitals and institutions for the retarded as early as 1892. At that time, one state hospital for the mentally ill had begun a weekly square dance session for those patients able to participate. Other activities were added and by 1931 the total program included recreation, physical education, crafts, music, and library services. State schools for the retarded developed similar programs but in both cases progress was slow due to numerous road-blocks such as tradition, lack of money and staff, and poor support from the medical staff. One program, considered outstanding for that period, was developed by Bertha Schlotter at the Lincoln State School, Lincoln, Illinois. Her experiences were summarized in 1951 in *An Experiment in Recreation with the Mentally Retarded* (Springfield, Illinois: State Department of Public Welfare).

Several private schools for retarded children, opened about 1915, were important in the development of training and educational programs for the retarded. To help the students control their behavior, these schools developed broad programs of activity which included physical education, recreation, and camping for retarded as well as emotionally disturbed and multihandicapped children. Although these programs grew without modern curriculum guides, most would be considered excellent on any current evaluation system.

In 1938 a Mental Health Section was established by the American Association for Health, Physical Education, and Recreation. By this time it was realized that physical activities of all kinds are as important to mental health as they are to physical health.

The first parent-sponsored class for retarded children opened in Cleveland in 1933. Similiar classes were established in various locations but did not become widespread until the organization of the National Association for Retarded Children in 1950. With NARC leadership, the work of newly organized state and county associations, and the efforts of parents and friends of retarded children, classes for educable and trainable children became available throughout the country. These classes, which placed more and more emphasis on physical activity and recreation, influenced public schools in recognizing their responsibility for providing special education programs for the retarded.

Until 1920 very few public school systems provided classes for retarded children. However, community classes sponsored by parents and knowledgeable educators soon brought about legislation for the establishment of such classes. Now states are beginning to enact mandatory legislation for the development of classes for handicapped and trainable retarded children. The Illinois Legislature passed such a bill in 1965. Its influence was obvious; classes for both educable and trainable retardates increased rapidly during the four years before the bill's implementation in 1969.

With the establishment of classes for retarded children in public schools, more specific attention has been directed to the curriculum of activities. Pragmatically, as well as through special studies and research, the need for emphasis on recreational and physical activities has become evident. The many benefits which retarded children receive from such programs are no longer in doubt.

As classes increased in number, general interest and understanding also grew. The special problems of retarded children were recognized. With professional assistance, school and home programs became more effective. Of necessity, physical activities and recreation moved into prominence in all programs for the retarded.

Although many effective ideas were developed in the early programs, there will always be the need for the introduction of innovative approaches, resourceful methods, creative use of materials, special equipment, and activity adaptations. The pioneers in the field showed the way for those who are willing to look and to learn. The names of those who devoted their time, energy, money, and mind to the development of training and education programs for the retarded may not be remembered, but their efforts will not be forgotten.

It is time to go beyond WORDSWORDSWORDS

William E. Rapp, Physical Education Consultant, Joseph P. Kennedy Jr. Foundation

Mrs. Joseph P. Kennedy recently stated that if we could put into immediate use the present knowledge on mental retardation we could cut our problems in half. This is certainly the case when we consider the data available on physical fitness, physical education, and recreation for the retarded.

During the past year, AAHPER has conducted sixteen workshops, established nine school pilot projects, conducted a national school survey, held a National Programing Conference, published newsletters, and launched a major publication. Add to this college seminars, day camping programs, city recreation programs, scholarship programs, an experienced-teacher fellowship program, clinics demonstrating fitness for the retarded, and meetings like that of the Council for National Cooperation in Aquatics which devoted major sessions to retardation, and you begin to see the national scope of this movement. Add also another national survey on out-of-school recreation, a national testing program, and numerous research studies, and it is obvious that we are daily increasing both our knowledge and our ability to disseminate it.

An impediment in communicating this information has been that all too often physical educators have talked only to physical educators. This has been a necessary step, for our profession has been slow to see the worth of physical education and recreation for the retarded, but now we must move beyond the confines of physical education. For some time we have advocated a multidisciplinary approach with physical educators, special educators, and allied professions collaborating to meet the problem. We must now go beyond words and proceed to action.

Too many special educators are still unaware of the contribution physical education and recreation can make to the total educative process of the retarded. The physical educator has been listening to his own echo rather than communicating with the special educator.

At every level, physical educators should take the initiative to inform and demonstrate to the special educator the knowledge and skills which will help the mentally retarded individual to function on a higher level physically, mentally, socially, emotionally, verbally, academically, and vocationally.

Regular meetings should be held at the state level between the State Department specialist in physical education and the specialist in retardation, both working with the state mental retardation planning director or coordinator to initiate programing in every community.

At the college level there should be integrated courses, undergraduate and graduate, on mental retardation for the physical education teacher or recreator and on physical education and recreation for the special educator. For teachers in the field, colleges should also take the initiative to sponsor physical education-mental retardation workshops, directed at both the physical educator and the special educator. By convincing the special educators at the grass roots and administrative levels of the necessity for good, sound physical education and recreation, we will be able to implement the programs we advocate.

We are rapidly training physical educators and recreation personnel for this important work. We must demonstrate the worth of our product to the special educator so that the doors will be opened wide. Each and every retarded boy and girl, young adult, or adult should profit from the knowledge we have.

GUEST EDITORIAL

Mentally retarded children, regardless of age, are in dire need of physical education activity. Brain-injured children need it because of their lack of co-ordination and various additional handicaps. Other retarded children, deprived of the initiative or ingenuity found in normal children, tend to stand by or away from physical activity. A physical education program would serve two purposes: first to develop coordination and strength and, secondly, to direct and guide an instructor who will structure the vital programs of development.

Mentally retarded children derive great satisfaction from a physical education program because they can achieve the goals set down by the instructor. This area provides a setting for accomplishment to balance their defeat and feelings of inferiority incurred by failure in academic subjects. The fact that children have retarded minds does not necessarily imply retardation in other areas. With work, interest, and cooperation, a physical education instructor can provide the leadership these children need in order to accomplish the tasks that "normal" children are asked to do. Success is of great importance because it helps them to feel more "normal" and gives them the satisfaction so necessary to their emotional development.

Thus, physical education for the mentally retarded serves not only as a physical tool but also as an emotional balance.

Sister M. Lauren, O.S.F.
St. Coletta School
Jefferson, Wisconsin

GUEST EDITORIAL

The goal at St. Coletta School is to help our boys and girls to develop their human potential; it is our hope that many will return to society. We help them develop physically as well as socially, intellectually, and spiritually. Most of the residents are physically capable but not physically fit. Therefore we follow a developmental program devised to stimulate the unused motor pathways necessary to bring the children into meaningful contact with their environment. We believe physical education is mandatory to further coordination skills.

Because there is approximately a three-year lag in development due to brain injury and/or neurological disorders, it takes longer for the mentally retarded to learn basic skills. Our children must be *taught* what happens automatically in normal neurological and intellectual development.

If they are to return to society, it is important that we prepare them to meet the demands and challenges they will have to face. They should be allowed frustrations, because it is through frustration and a little stretching that they will grow.

At present, all of the children have physical education daily. Most of them love it. The majority wouldn't think of missing their gymnasium period—or even of being late! During their free time after school and in the evenings some of the housemothers teach the children games such as volleyball, basketball, and baseball.

Physical education is indeed an important factor in the development of the mentally retarded. Through the constant help and interest of the adult, the child is motivated, finds enjoyment, and gains knowledge of skills and games.

Sister Patrick Marie
St. Coletta School, Jefferson, Wisconsin

EDITORIAL

As *Challenge* and the Project on Recreation and Fitness for the Mentally Retarded enter their third year, several observations and questions appear in order:

1. While not enough has been accomplished, much more is being done for the mentally retarded in physical education and recreation programs than anyone had dreamed possible. Those furnishing outstanding services must be encouraged to come forward and share their ideas and methods so that others can profit from their valuable experience.

2. While our basic philosophy of physical education is *educating through the physical,* do we need to consider education of the physical before using the vast resources of our discipline to meet other needs and fulfill other goals in programs for the mentally retarded?

3. Just what is special about physical education and recreation programing for the mentally retarded? What are the competencies, skills, and knowledge necessary for providing these experiences for the mentally retarded?

4. Are many of the statements written about the retarded in fact true? Do the retarded have short attention spans? Do they have lower levels of motor ability and physical fitness than their nonretarded contemporaries? Or are these apparent characteristics a reflection of our inability to reach and teach them?

As the new school year starts, each of us must rededicate himself to seeing that every mentally retarded child, adolescent, and adult in our community has the opportunity for regular participation in vigorous physical education and wholesome recreation. They who see the need and do nothing are as guilty as they who will not see the need!

EDITORIAL

In our desire to provide the best in programing for the mentally retarded, how many of us are afflicted with professional myopia? Do we accept or reject activities or methods on the basis of snap judgments, hollow superficiality, or personal bias? Are we failing to analyze or evaluate what we see and hear?

Many people are praising this program or that system as being *the* answer to meet the needs of the retarded. Just as many are disparaging of these methods, however. Advocates of exclusive approaches fail to take into consideration the most important of all variables—the *individual.*

In considering the growth pattern, developmental characteristics, and functional level of the individual for whom one is programing, one should admit readily that no single set of activities or predetermined program provides *the* answer. If *any* system or program is used indiscriminately without considering the individual and his functional level, abilities, background, and past experiences, only failure can be expected. On the other hand, careful selection of activities, these consistent with the individual's functional level, will make it more likely that progress and growth will occur. Instead of looking at various systems and approaches as entities in themselves with little or nothing in common, we need to view them in terms of their likeness and how each is a part of a continuum, each with a specific function and unique contribution to the whole pattern. Too many times major differences merely involve interpretation, emphasis, and use. Understanding how children grow; knowing activities, including their progressions and sequences; being innovative, creative, and original with methods and techniques that appeal to and are successful with the retarded; and most of all, developing an appreciation of the retarded as individuals of worth and dignity who can and should be helped to attain maximum levels of independence are ingredients of a prescription to correct the myopic conditions that now exist.

WALTER

THE STORY OF A HAPPY BOY

GENTLEMEN:

We the parents of Walter H. Buck feel that we have been fortunate in our helping to make this a near-normal, happy world for our son. Walter is 15 years old and has attended a day-care center since age six. He has always associated with normal children in the neighborhood, with fine acceptance. ❯ At age two he was incapacitated with a dislocated hip. This was manipulated in place and put him in a cast for six months. He was required to learn to walk again when the cast was removed. Determined and aggressive as he is, he recovered beautifully. He has enjoyed all major sports including baseball, football, golf, badminton, ice skating, and basketball. ❯ At age 11 Walter dislocated his other hip, and three pins were inserted. After this he spent a year and a half on crutches. During

So often we are bombarded with information and statements about what the mentally retarded cannot do; too many accept these generalizations at face value and do very little to challenge, motivate, and stimulate the retardate to levels which in any way approximate his ability and potential. Then there are the many parents of the mentally retarded who will not accept their youngster, often taking the extremes of total rejection or complete overprotection. We are indebted to Mr. and Mrs. C. LaVerne Buck, Stump Hall Road, Cedars, Pennsylvania, for sharing the following account about their son Walter and their accomplishments together. Their attitude, optimism, and enthusiasm are inspirational.—EDITOR

this period he went swimming (with the doctor's permission) and sledding with the neighborhood children and his sister and brother. His swimming progress has been excellent. It started with trips to the seashore as a baby; he loves the ocean and has no fear of the waves. He has been tutored with groups at the YMCA through our athletic program at school. During the summer months we have worked with him at a local pool. The guards at the pool have been very helpful. He now swims in the adult section after having passed the usual test of being able to swim two lengths of the pool. He even inspired his younger brother and sister to pass the test more quickly. › We attribute most of Walter's success to a fine personality and the ability to meet people and make friends. He has come along on a two-week family vacation every year since birth. We have met people and made friendships while on trips, through his initiative. He enjoyed trips to West Point Military Academy and the U.S. Naval Academy (here he convinced a lieutenant commander that he wanted a boat ride). He is not bashful and can make people understand what he desires. › Walter's interest in golf is very keen. He can watch championship golf on TV by the hour. This past Christmas we bought him a five iron and he does very well in our back yard. Before his hip operation he did some horseback riding—not ponies, horses! With proper supervision he does target shooting with a Daisy air rifle. We have an archery set which he enjoys. › Walter goes swimming in a lake with a raft in the center. Most of the kids use tubes and paddle out. He swims the distance of almost 100 yards. We swim alongside for safety, but he does it with ease. When he was learning, following these general rules helped us. Perhaps they might help others. Help your child to develop self-confidence. Encourage him to express himself to his limits and beyond. Try to get him to follow you. Avoid fear and anxiety whenever possible. Don't use force -- there's always tomorrow. Limit the use of auxiliary devices in swimming (rafts, boards, etc.) lest they become standard equipment. Start in shallow water and increase depth as ability improves. Avoid overfatigue and loss of interest. ❯ Walter has always been interested in sports and we took this for granted, not realizing that anyone else would be interested. He enjoys going to the movies or watching them on television. ❯ Even though he has put on some weight, he still perseveres and gets plenty of fine exercise. We take hikes, with regular rest periods, on trails. He has been anxious to camp lately, so we will probably try camping this season. ❯ Our three other children have their own friends, but all get along well with each other. Walter shows great concern always for his sisters and brother. He loves animals and instinctively seems to have a way with them. Neatness in the home and in all that he does is a prerequisite. Under abilities, Walter's teacher lists leadership, dependability, cooperation, willingness to learn, politeness, conformity, and stick-to-itiveness that goes above and beyond ability. She also says that he learns from association and observation. ❯ The biggest problem is his getting bored. He would be on the go continually if our schedule would allow.

Sincerely yours, MR. AND MRS. LAVERNE BUCK

EDITORIAL

There are many fundamental questions and problems confronting all who have an interest in physical education and recreation for the mentally retarded. One of those with the greatest priority is the examination and reassessment of the genuine ultimate aims of physical education and recreation in the lives of the mentally retarded. Two basic purposes of all special programs for the mentally retarded are to prepare them to become socially, emotionally, and intellectually able to live as independently as possible and, if at all possible, to return to a regular school physical education or community recreation program. Programs and activities must therefore be designed to help the retarded establish realistic goals and values, assist them in developing a proper perspective about themselves and the realities of life, promote in them a love of activity, and instill in them an understanding and appreciation for the joys of participation.

It is fitting for each of us—and is our responsibility—to stimulate the development of school and community physical activity and recreation programs which recognize the abilities rather than disabilities of the retarded. Many persons labeled as mentally retarded—especially those comprising the 75-80 percent with undifferentiated etiologies which are increasingly being attributed to deprivation of one kind or another—can and should participate in regular physical education programs; this is where they *should* be, not in programs which call attention to and focus upon their disability. It is our task to educate all who are involved in programs for the mentally retarded in regard to the importance of providing opportunities based upon interests, needs, and abilities.

The scope of physical education and recreation is so great that everyone, regardless of age, ability, or background, can find activities in which they can succeed in a regular program. Flexibility in these programs must provide a chance for the retarded to take part along with the nonretarded when they can safely and successfully do so, and to participate under special conditions where safe and successful coparticipation is not possible. Neither integrated placement nor separated program activities is the answer for the mentally retarded as a group.

TWO DAYS WITH SUSIE

Catherine Goedert, now 20 and a senior at the College of St. Catherine, in St. Paul, was a teenager the year she worked as a volunteer at a camp operated by the Kandiyohi County Association for Retarded Children, in Willmar, Minnesota. Majoring in theatre arts, she works without pay at the local community theatre and has directed several children's plays, arranging for a special benefit performance for the members of the camp.

The camp director, Don Mattson, speaks of Catherine as "a remarkable person" and has expressed regret that she was unable to work for the camp this year as a member of the paid staff. He has also voiced a hope that perhaps someday they will be able to convince her to think seriously of a career in working with the retarded.

The following account, written by Catherine, relates her responses and her initial experiences as a teenage volunteer working with a mentally retarded child. She has been completely honest in recording her feelings and reactions, and her story, in its frankness and forthrightness, is a movingly sensitive and personal contribution which bears a deeply meaningful message.

"From childhood's hour I have not been
As others were—I have not seen
As others saw—I could not bring
My passions from a common spring.
From the same source I have not taken
My sorrow: I would not awaken
My heart to joy at the same tone;
And all I lov'd, I lov'd alone. . . ."*

This is Susie's poem. I saw Susie for the first time yesterday. She is ten years old, looks a young six, and behaves like a spoiled child of two. Susie is always there, in need of constant attention, clamoring for time, and in the way. You must guess what she wants because she can't tell you herself. She is trainable mentally retarded, receptive to only the most basic commands. Susie is mongoloid, an accident of birth. She is so different from other children, the happy, laughing ones; she is not a pretty little girl, with her eyes dripping a yellow mucus and her face caught in a grimace somewhere between joy and pain. She is not pleasant to look at. It is impossible to eat a full meal across the table from her; even a strong stomach turns at the sight of the half-chewed food sliding down her chin, caught by her grimy hands, and pushed back into her already overflowing mouth. She is one with the savage, less than human, pitiful to the extreme, a half-dead plant that will never bloom, no matter how many springs it lives. Susie is a grotesque mistake who can't relate to one other living thing.

But, I set out to work with her. My patience was well-tried, keeping her in line. I was embarrassed for her when she grabbed the flag during the presentation of colors. I cleaned her up when she ate paint. I wore myself out chasing her as she ran from one thing to another, never satisfied. I managed not to scream as she covered herself with eggshells and glue. I held myself back from slapping her when she threw her food on the ground and looked up slyly at me from her half-shut eyes. I worked hard with her all day, trying to teach her the simplest crafts, the most basic human acts; but to Susie they were incomprehensible. You can't get a *something* from a *nothing;* you can't make a vegetable understand!

Today is the tomorrow of yesterday. I saw Susie again today, and this time she *talked* to me in her series of unintelligible and meaningless grunts, pausing now and then to wait for an answer. If my answer wasn't the one she was looking for, Susie never knew. My patience had finally run out and I lost my temper. She greeted my pained, "Susie, why are you here? You're less than nothing!" with her twisted mockery of a smile. And then she threw both her bony arms around me in a choking clasp that wouldn't let go. So I relaxed in her arms for a few moments, and then it happened. I had the answer to my question. I saw the reason for Susie. For a few seconds this child communicated to me on a level I had up till then known nothing about. She reached out to me and we were one in her love.

Now, the question is, "How can *I* reach *her?*"

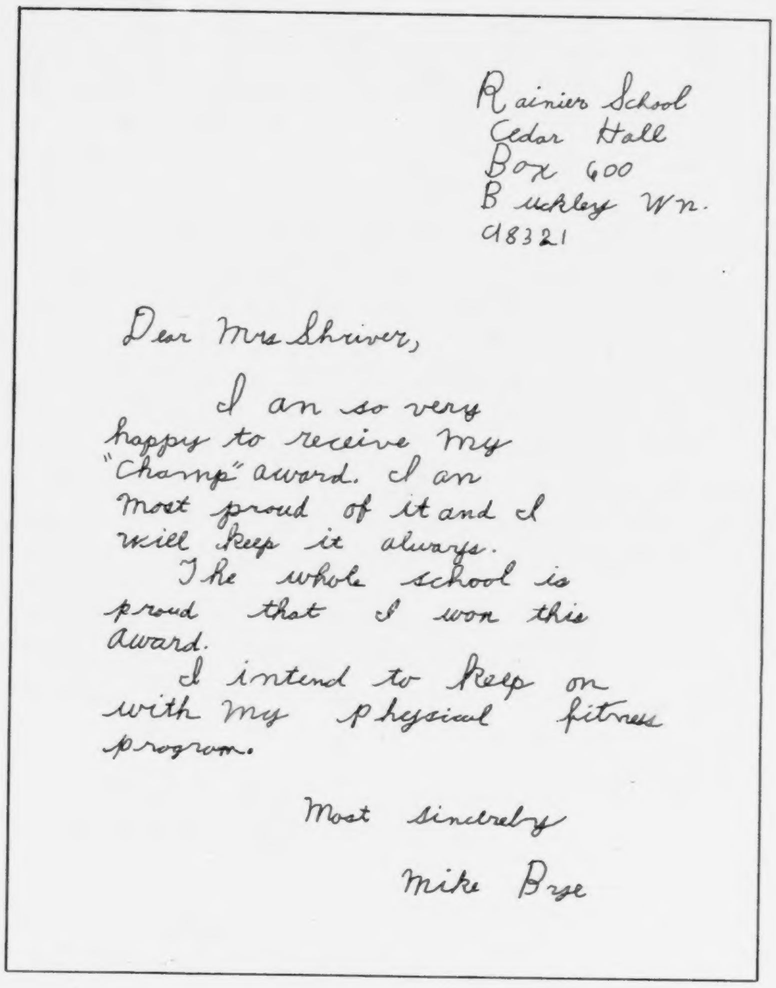
******Alone,* by Edgar Allen Poe.**

A LETTER OF THANKS AND OF PROMISE

Many of life's small pleasures are taken for granted by you and me, but not so by the mentally retarded. Having known nothing but failure and frustration, most mentally retarded respond strongly to success and achievement, which serve as a stimulus to help them reach levels and do things not before thought possible or even expected of them. The happiness, pride, and real sense of accomplishment of one retarded boy are reflected in this simple and sincere note to Mrs. Eunice Shriver, Assistant Executive Director of the Joseph P. Kennedy Jr. Foundation. The esteem and recognition afforded him by his classmates is quite evident; but more than this, his attitude and optimism promise a brighter future—a future on which no one can set limits. Successes in physical education and recreation have motivated many retarded youngsters to greater heights—some have even learned to read and write because of the motivation and stimulation of such programs. Let's provide more of these opportunities, so there will be more "Mikes" who can write their own letters of thanks!

"Consider for a moment what we achieve from athletics. First of all, there is the sheer fun of playing—whether it be tennis, swimming, baseball, or football. Beyond that, and the building of a healthy and alert mind, we develop stamina, courage, unselfishness, and—most importantly, perhaps—the will to win."

—ROBERT F. KENNEDY, *from Address at "Dinner of Champions," New York City, October 1961.*



Rainier School
Cedar Hall
Box 600
Buckley Wn.
98321

Dear Mrs Shriver,

I an so very happy to receive my "Champ" award. I an most proud of it and I will keep it always.

The whole school is proud that I won this award.

I intend to keep on with my physical fitness program.

Most Sincerely

Mike Brye

EDITORIAL

Researchers in psychology and physical education, along with observant and understanding practitioners, have long realized that transfer in motor activity occurs only when muscles and muscle groups are used in exactly the same way. Lately, reports have indicated that such basic qualities as strength transfer only when muscles and muscle groups are used in the same movement and through the same range of motion. We have all been aware of the specificity of skills and movements of outstanding athletes who become specialists in only one aspect of a given sport.

Increasingly, learning—motor as well as cognitive—is being viewed as very specific; individuals attain levels of performance and skills not thought possible of them because of their lack of previous experience and an inadequate foundation. Why then do we need to concern ourselves with basic or foundation activities, low organized activities, and specific lead-ups? Why shouldn't we concentrate on specific end results? Actually, what does transfer?

Even if no transfer occurs, lower level activities and experiences are needed to give students—nonretarded as well as retarded, and those from enriched environments as well as the deprived—opportunities to achieve and succeed, to start and finish tasks, to take pride in what they do, and to build concepts which can be applied to other situations. This is also consistent with a true developmental approach, in which certain experiences are needed to ensure a sound progression from level to level.

Careful selection of activities, proper emphasis by instructors, and appropriate understanding of transfer itself are necessary if direct transfer is to occur from one activity to another. Certainly, concepts transfer—and can only be developed through participation in a wide variety of activities and experiences—and skills transfer when there are identical elements in movements. Instructors should carefully assess their reasons for including each activity, determine cause and effect relationships, and recognize that which transfers and that which is needed as a part of developmental progression as independent, though seemingly related, experience, which helps to prepare the participant for future levels of achievement.

THE WAY THEY SEE IT

Three statements of philosophy regarding physical education and recreational programing for the mentally retarded, presented in order to help each reader clarify his own position

THE PHYSICAL EDUCATOR . . .

PETER G. KRAMER
DIRECTOR OF PHYSICAL EDUCATION
GOLDEN HILLS ACADEMY, OCALA, FLORIDA

MUCH TIME AND EFFORT have been devoted to educating and training the mentally retarded. Different systems have been advanced and various methods advocated for teaching them to read, to write, and to solve simple arithmetic problems. The emphasis has not really been solely upon intellectual development as claimed, but upon academic development and achievement. For the mentally retarded, academic success is often limited; often, emphasis upon academic activities is too great and begun much too early. Many young and low-level retardates are not mature enough—mentally, emotionally, or physically—to benefit from an academic program, especially during the early portions of their schooling. In many cases, mentally retarded children lack preschool experiences and readiness skills necessary to succeed and progress in academic activities. It seems strange that the task of educating the mentally retarded has not become a major concern of physical educators. Physical educators, through adapted and individualized programs, can help the retarded develop motor patterns, attain social skills, and acquire vocational abilities to help them secure functional positions in the community.

Motor development connotes improved control over one's body and involves related progress in learning associated with such control. Associated learnings are related to space, size, direction, distance, speed, intensity, shape, etc. A great deal of early learning and experience is basic to more sophisticated learning and is derived through motor activities and their associated learnings. Mentally retarded children whose motor development is slow and in many cases faulty are deprived of associated learnings which form the foundation of experiences needed for future intellectual progress.

According to Newell Kephart, there are three stages in human development: motor generalization, perceptual generalization, and symbolic generalization.

The stage of motor generalization begins with the development of balance and posture. During this stage an infant begins to develop concepts of body awareness as he becomes aware of gravity and how it must be overcome to move segments of the body; this also helps him develop an awareness of space. The infant's world consists of objects within his reach; objects beyond his reach are beyond comprehension.

The second stage of motor learning involves contact with objects. The child touches and manipulates them; he attempts to move them, bites and tastes them, and watches others to see how they react to them. Through contact, manipulation, and observation, the child develops background knowledge and information about objects prior to verbalizing about them. No one tells a normal child what a chair is; he knows this through his past experience.

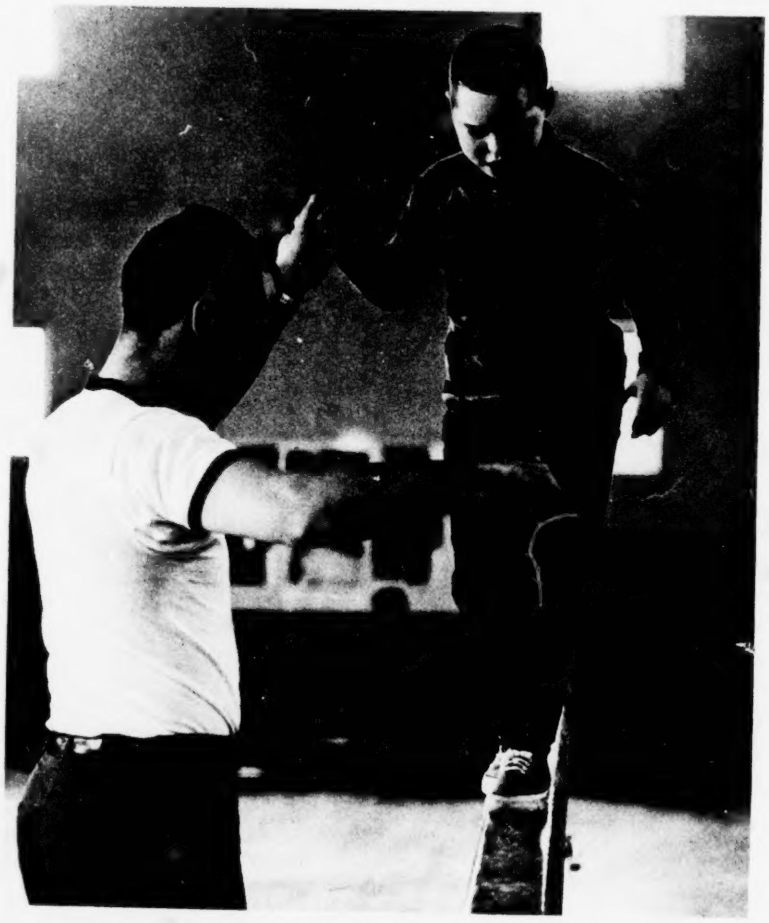
Locomotion is the third stage in motor development. It commences with crawling and creeping, advances to walking and running, and proceeds to the more complicated skipping, leaping, and prancing. The infant learns about the world beyond his crib; he learns of distance, size, shape, and other relationships—but, at this stage, learning is entirely through movement and motor acts.

After the child has acquired certain motor generalizations, he possesses the basic abilities to develop perceptual generalizations and ultimately symbolic generalizations. However, if the child does not have the motor background, he has no foundation on which to build future learning. Attempting to further educate the individual with inadequate motor experience is much like trying to explain the difference between red and orange to a blind child.

Physical education and classroom teachers should refer back to the stages of motor development in remedial programs to construct a better foundation on which future learning can be based. Emphasis should be placed on developing basic motor patterns: unilateral, where one segment of the body is moved; bilateral, where limbs on opposite sides of the body are moved in the same way and at the same time; cross pattern, where a lower segment on one side and an upper segment on the other side are moved simultaneously; and axial, where body parts are moved in a twisting manner. Complex or coordinated movements are a composite of two or more of the simpler motor patterns. Running, jumping, climbing, tumbling, throwing, and catching, presented in a logical progression, are of great value in promoting the development of motor generalizations.

Jean Piaget felt that social development in children was directly related to their level and degree of play development. Piaget divided play into six categories: adult initiated, where the child reacts and responds to an adult; self-initiated, where the child plays by himself with no other children present; parallel play, where a number of children share the same area but play independently; cooperative play, where members of a group work together to achieve a common goal; games of low organization, such as tag; and games of high organization, including team sports and activities.

Each level of play can represent another degree of social development. When a child reaches the stage of parallel play, he must respect other children as human beings and not just as objects. While playing in a sandbox, a child may manipulate his cars and trucks in any way he sees fit, but he must respect the rights and privileges of other children. When the child takes part in games of low organization, he must be prepared to follow certain rules; these rules can be replaced later by the laws, folkways, and mores of society. When the child participates in games of high organization, he must work with others for the common goal and good of the group.



Vocational skills help the mentally retarded to perform specific tasks and work as productive members of society. Physical educators can assist the retarded to develop a greater attention span and improved manipulative skills which will promote their vocational readiness and productivity.

Attention span is relatively short in most children and especially so in the mentally retarded when they are not interested, motivated, or challenged. Active participation in physical education activities can provide enjoyment and fun for retarded participants and at the same time help them improve their ability to follow directions and see a task through from beginning to end.

Manipulative skills are dependent on hand-eye coordination and perception which begin to develop during the period of motor generalization. Physical educators can help the mentally retarded develop manipulative skills through craft activities, stringing beads, arranging puzzle segments, and through activities such as jacks. These activities help the individual to improve his hand-eye coordination and aid in developing coordination and perceptual skills.

The modern comprehensive physical education program must provide more than enjoyment for the mentally retarded. Although fun and pleasure are important elements and cannot be minimized, physical education programs should be designed to develop the whole person, so that the mentally retarded may fulfill their potential and reach higher levels of function.

A CHANGING ROLE . . .

Eleanor Coleman
Supervisor, Girls' Physical Education
Duval County, Jacksonville, Florida

Much attention has been given to the value of physical education as it relates to the mentally retarded, and advocates are emerging who sometimes project physical education as the ultimate medium for their education. Through research and activity programs for the retarded, physical education is attaining a new high status in education. Real or imagined intellectual barriers are crumbling. As a physical educator, I am delighted with the new-found acceptance of physical education by our academic colleagues. In the past, any attempt to communicate with the physically unenlightened has been difficult and has rendered an intellectual approach the only road to communication. That is now changed, largely due to research dealing with the retarded, as well as to an increasing awareness of the importance of physical fitness for everyone.

The prospect of the continued acceptance of our present status is viewed with some apprehension—what's that thing about thin ice? As a proponent of activity programs for the retarded, I view research in almost the same perspective as the missile program—for every missile, there is an antimissile, and for every antimissile, an antimissile missile. Some studies seem to be motivated by the desire to discredit previous studies. There appears to be an insidious concentration on disproving theories and methods which have experienced relative success. Following the establishment of discreditation, the earlier theorists feel a need to defend their findings, often in obscurities which detract from the original value.

There should be no inference that physical educators are the only culprits involved in such negative attempts toward progress. There are those who endorse music as the major motivator for the retarded, and those who, conversely, demand its complete elimination, as an inhibitor to progress!

It is all very confusing to the teacher who, until the last few years, evaluated physical education in terms of increased levels of physical performance and the sound of little children's laughter where before there was none. There were those who correlated and integrated physical education with other subjects with no great clamor. No fantastic claims were made—it just appeared to be an acceptable teaching procedure.

Research in the area of physical education as it relates to the education of the retarded should not be discouraged. In fact, valid experimentation should be expanded to include the normal child. Future research may disprove some claims which have been made, or it may reflect similar beneficial correlations within the normal range of intelligence.

As an exponent of physical education who holds the highest expectations for its contribution to human development, I decry the Doubting Thomases who, despite optimistic findings, relegate physical education to its traditional role of contributing only to the most obvious outcomes of fitness and skill. Those who are involved in teaching ask only that valid, scientific research be conducted. It is time to cease recognizing hypotheses as principles; to stop attempting to apply deductive reasoning to empirical studies.

If there is anything the teacher of the retarded has learned it is *patience* and *hope*. He shall remain patient and hopeful. He shall continue to progress, preferably with valid research which can provide positive direction; or he shall continue on his own path, not dealing in isolated alternatives but in the assimilation of the most promising reasonable aspects of available information.

It must not be imagined that those at the grass roots are jumping on bandwagons or pinning their hopes to a star. They are not so disposed. They recognize the possibility that the range of basic interests and talents of the retarded is no smaller than that of normal children—simpler, yes, but not smaller. Until they are presented with substantial evidence of *the* program to pursue, they shall continue to offer a variety of programs and stimuli. They support anything which brings hope to the parent and progress for the child.

Fear not that the teacher will accept prescribed elixirs. Any observable bandwagon phenomenon lies not with the teacher but with those involved in research. Teachers face the future with optimism that out of all research shall emerge increased hope for the retarded. Who shall accept the premise that that which has not been scientifically established is not possible?

There is much more that could be said. As the children play, perhaps they will laugh and have fun—or could this apparent reaction be overcompensation for their inner apathy and rejection of activity? Are they merely registering a conditioned response? Maybe today I should use operant conditioning! (Lots of mothers and coaches use it, but have never named it!)

If nothing else, the vocabulary of special education and physical education has created a nice, new, academic aura, except for *creeping* and *crawling*—and even Webster contributes to that confusion.

One final request to those engaged in research—please hire interpreters! I fear that the little knowledge that filters down through this unscientifically oriented mind can be a dangerous thing!

WISHFUL THINKING . . .

Peter Valletutti, Director of Special Education, and
Florence Christoplos, Associate Professor of Physical
Education, Coppin State College, Baltimore, Maryland

A number of reports about apparent beneficial and differential effects of physical education on the mentally retarded have been published recently in professional journals. Two generalizations seem to reflect the professional consensus:

1. Mentally retarded children score below the norms for the general population on tests of motor skills.
2. Mentally retarded children improve their psychomotor proficiency through training.

In addition, it is generally accepted that physical education training of the mentally retarded has been neglected by many educators.

Implicit in much of the literature but rarely explicitly noted is the elementary axiom supported by most educational research, that children learn that which we teach them. If specific motor skills or physical fitness activities are taught, then that is the area in which progress can be expected. If directionality, fine motor coordination, laterality, or self-confidence in play are taught, then these are the behaviors in which improvement can be expected.

When educators attempt to generalize progress in a specific area to other areas such as academics, abstract thinking, verbal ability, and/or personal and social adjustment, they manifest confused and wishful thinking. Physical education is somehow expected to affect a series of intervening variables and to have predictable positive influence on such far-removed behaviors as reading.

Teaching is usually viewed more as an art than as a skill. The effects of this art are mysterious and unpredictable. In educational circles, it is not unusual to find the belief that training procedures, such as physical education, will have magical effects. For this reason, educational panaceas have a bandwagon effect on educators, allowing them to continue along, trusting that good intentions will lead to miracles.

Instead of asking for or expecting miracles, educators would do well to settle for more modest and realistic goals. In physical education, a healthy body over which the child has reasonably good control and which the child enjoys using, are appropriate goals. Although verbal support may be given to these noncognitive goals, the literature reflects a latent ambivalence, in that many of the studies find it necessary to establish correlations between psychomotor and nonpsychomotor behaviors in order to justify physical education. Teachers apparently must discover or identify an intellectual *raison d'être* for everything they do. A cultural bias within education has, it would seem, addled the minds of investigators in this area.

As long as physical education is secondary to nonpsychomotor goals and as long as physical education is predominantly a motivational technique employed by teachers for *more important* achievements, then, logically, progress in cognitive and effective areas may not be attributed to psychomotor achievements. The pleasure in physical education activities may become associated with concurrent nonphysical education activities or may even permeate other areas of the curriculum. The growth in these other areas may be a product of the transference of motivational factors, rather than of skill transference or improved neurological organization.

On the other hand, if physical education is valued for its own sake, then research should take the direction of empirically validating a sequential program for the achievement of specifically defined goals in health, strength, endurance, agility, coordination, etc. By using a task analysis programing approach, the error of making illogical generalizations can be avoided. A more intensely analyzed program, applicable to all children, can then be developed. If the task is analyzed, and not just the child, professionals then assure their responsibility for achieving behaviorally identified goals. The alternative is likely to be the watering down of the physical education curriculum for the mentally retarded, a familiar danger to special educators.

A task analysis programing approach is not only empirically but theoretically sound. Some have reported that the mentally retarded perform at the same rate as the normal, once adequate attention to relevant stimuli is achieved. This meshes well with the argument for establishing clear and specific goals. By using the task analysis approach, the teacher is more purposefully directed toward the goals set for the child. Therefore, he should be better able to focus the attention of the child himself on those behaviors which are necessary for the attainment of the goal. Irrelevant and unimportant activities in the attainment of these goals may then be eliminated. For example, what is the specific goal set for the retarded child when we teach a skill such as crawling when he is already able to walk? The direct relevance of crawling to improved neurological organization and thus to reading is too obscure for most teachers. How then can we expect this purpose to be perceived by the child? The importance of perceived purpose for achieving motivation is generally accepted. Vague purposes lead to a buckshot curriculum.

EDITORIAL

Camping and special summer programs are among the oldest, best defined, and most frequently offered organized recreational opportunities for the mentally retarded. Parent associations, special interest groups, and civic-service agencies provided much of the early leadership for initiating, developing, and conducting such programs. Gradually, educators and recreation specialists are recognizing the potential of these programs and assuming the responsibilities for offering the retarded these experiences. Increasingly, day camping, outdoor education, trip camping, and schoolyard camping are becoming important additions to year-round educational and recreational programs for the retarded. Wilderness camping, winter camping, pioneering, and similar back-to-nature opportunities have been introduced and have been found to be excellent life-experiences for the retarded.

Despite the progress there is still much to be done to provide these experiences for all mentally retarded. No longer can we rationalize lack of outside funds as justification for not including camping in the school curriculum or community recreation program. Support can be obtained at the local level for these programs through donations of funds, materials, supplies, and manpower, through special fund-raising efforts where the proceeds are earmarked for these programs, and through regular budget channels.

Often, however, camping and outdoor education programs for the retarded are given use of sites and facilities only when other groups are not scheduled. Adequate and equitable use of these facilities would help the programs grow and enable the retarded to reap their full benefit. We should not accept leftovers or second best for our programs.

EDITORIAL

At the beginning of a new school year, we ask you to consider—

- ***Activities*—Is the focus of your physical education or recreation program for the mentally retarded upon similarities or differences between retarded and nonretarded? Since the retarded are more like their nonretarded peers than they are different, shouldn't this be reflected in programs and activities?**

- ***Flexibility*—Does your physical education or recreation program promote flexible placement of the mentally retarded according to the needs, abilities, interests, and limitations of *each* individual participant? Since we are striving to prepare the retarded to take their place in society and in the community, can this be done by only providing them opportunities in separated programs and sheltered environments? In the past, many advocated indiscriminate integration of the retarded for various programs. Has the pendulum now swung to the other extreme, with personnel advocating indiscriminate separation of such individuals?**

- ***Ability*—Are we overlooking recent research regarding the effects of nutritional deprivation upon the retarded? Some reports suggest that prenatal and immediate postnatal nutritional deprivation has a permanent effect upon those sections of the brain which control cognitive and intellectual function, but has little effect upon sections controlling motor function and physical development. Other research has indicated that Mongoloids given special diets and nutritional therapy reached various motor milestones and attained physical levels sooner and to a higher degree than was expected of this group. Little effect upon intellectual and mental function was noted. What are the implications and applications of these findings for physical education and recreation programs involving the retarded?**

EDITORIAL

The three year authorization providing funds for training and research-demonstration programs for the handicapped under Title V, Public Law 88-164 as amended by P.L. 90-170, terminates at the end of the current fiscal year, June 30, 1970. Indications are that Title V will be extended for two more years, through fiscal year 1972; however, no specific dollar amounts have been included. Some feel that no budgetary limitation is good and can be interpreted as a blank check according to needs and demands. Others are not optimistic but are disturbed and pessimistic over the future of funds for physical education and recreation programs for the handicapped. It is very easy to bypass programs which have no specific financial stipulations when budgets must be slashed.

Even though Title V has been the first federal legislation enacted to provide funds specifically for physical education and recreation, physical educators and recreation specialists have not used this legislative authorization and its appropriations to their full advantage. Too few proposals — training as well as research and demonstration — have been submitted for consideration by the Bureau of Education for the Handicapped. Unfortunately, few proposals have been innovative, creative, and inventive; too many have been bound by tradition and fostered the status quo. Without increased activity and concerted effort much of the work which resulted in the enactment of Title V will be lost; once lost, it will be difficult, if not impossible, to regain.

It is high time we as physical educators and recreation specialists start to *deluge* the Bureau of Education for the Handicapped with original and resourceful proposals, projects, requests, and suggestions relative to high quality physical education, recreation, camping, outdoor education, and perceptual-motor programs for *all* impaired, disabled, and handicapped. We need to keep our senators, representatives, and the President himself informed of our efforts, success stories, exciting results, promising practices, and urgent needs in these areas to gain their appreciation and support for these programs. *Your* action and effort are needed *today* for tomorrow may be too late.

EDITORIAL

Several years ago many individuals and groups advocated integration of the mentally retarded with the nonretarded in nonacademic areas such as physical education, recreation, music, and art. Today many advocate separation of the retarded and provide them with activities and opportunities in their own special homogeneous groups in all activities. Indiscriminate separation is destined to fail in the same way that indiscriminate integration failed. Important to the success of placement is flexibility to provide the retarded individual with integrated opportunities when he can safely and successfully compete and separate opportunities when safe and successful participation is not possible.

Realistically, there are several groups of retarded persons with which we must deal: those who, according to best available assessments and evaluation—

- can participate in already existing regular programs with the nonretarded.
- have the potential to participate eventually in regular programs or in certain activities with the nonretarded.
- will never have the potential to participate in regular programs or in certain activities.

In programing for each of these groups, we must determine how their interests and needs can best be met through—

- integrated programs and activities with the nonretarded.
- special activities or events in rgularly scheduled meets, competitions, and tournaments.
- special meets, competitions, and tournaments consisting of only retarded participants.

Educational philosophy is predicated upon meeting individual needs by providing opportunities and experiences according to the abilities, limitations, interests, background, and experience of each participant. Special programs epitomize this philosophy. But, do we in fact practice what we preach? How many of us play the game the way we say it should be played?

EDITORIAL

"Progress is our most important product." Those of us who are human engineers entrusted and privileged to mold men and women must be concerned with *progress.* There is no *status quo*–movement is always present whether it be ever so slight, forward, or backward. Each of us is obligated to periodically evaluate philosophies, approaches, and methods to see if we are actually making progress.

Too many of us are happy, content, and secure with the past–planning and implementing for 1950 and 1960 instead of for 1970. A major tenet of educational and training programs for the mentally retarded is to help them become as independent as possible–or independently dependent. However, a trend in too many physical education and recreation programs for the retarded is to separate and segregate them from the community and society for which we are trying to prepare them. There are proponents of special programs for the retarded in physical education and recreation. Such recommendations neglect important characteristics and traits of the retarded, overlook experiences of many who work with them, and are contrary to current research evidence. These approaches focus on disability, handicap, and are predicated upon broad and sweeping generalizations which state that individuals with difficulties in reading, writing, and arithmetic have problems in everything they do. This does not recognize the specificity of learning and skill development but rather builds upon the idea that weakness in one area extends to all areas. Just what is our major concern in physical education and recreation programing? What determines an individual's potential for success? Are we justified and correct in saying that an individual is destined for failure in physical education and recreation activities because of a mental deficit? Let's look objectively, realistically, and unemotionally at our concern–one's physical development, motor proficiency, and abilities in movement activities. There are many factors--emotional and social as well as physical and intellectual–which determine how an individual will perform in these activities. When placing the mentally retarded in these programs, let's weigh, evaluate, and equate *all pertinent and appropriate factors to determine his potential* for safe and successful participation in *each* activity in the program. Intellectual ability is only one factor to be considered.

EDITORIAL

During the last few years a great deal has been done to provide new and needed opportunities for the mentally retarded. Increasing emphasis has been given to active participation in physical education and recreation, but what is the significance and what are the implications of these apparent trends?

- Many physical educators and recreation specialists still ignore the needs of the retarded, especially at the grass-roots level where too little has been done by those involved in school and community programs. However, larger numbers of college physical education and recreation personnel are showing interest in the retarded.
- Many college special educators talk a great deal about the importance of physical activity and motor development in programs for the retarded but continue to focus on academic-oriented peraparatory programs. But, classroom special educators are asking more programs to meet this need.
- Appropriations of federal funds for training, research, and demonstration in physical education and recreation for the handicapped have never approached authorization. It now appears that the amounts appropriated for 1970 will be the same as for 1969 ($300,000). Indications are that the Bureau of Education for the Handicapped will testify at hearings that recommended increases to $1,000,000 (still less than authorized) in each category cannot be justified.

Why are these things happening? How have we contributed to these situations? Have we been so involved in programs and activities for youngsters that we have failed to communicate with representatives of other disciplines, parents, and the lay public? Each must assess his role and his effectiveness in the all-important area of public relations and public information for these programs, their benefits, and their many successes.

There is a need for articles in national periodicals and for programs on national TV and radio about physical education and recreation for the handicapped and mentally retarded, but of equal, or possibly greater, importance is coverage of these areas by state and local media. All those interested and involved in these programs need to take part in programs with other disciplines and for the lay public. Everyone has a role to play and a contribution to make. Start now—tomorrow may be too late!

Editorial

A major tenet of educators today promotes team teaching, interdisciplinary efforts, and cooperative action. Generally, wherever high quality physical education and recreation programs for the handicapped are found, one also finds specialists from different areas and representatives of various groups working hand-in-hand. Certainly this should not be a new concept or approach to physical educators—one of the foundation stones of our discipline rests upon team work. Differential teaching assignments, specialization among coaching personnel, and similar special duties reflect the inherent necessity of working together in physical education activities.

Today many organizations, agencies, associations, and individuals are directly involved in various programs for the handicapped. Most representatives of these groups express keen desire and sincere determination to work cooperatively with other groups. Many conferences, institutes, and other meetings have been predicated upon such cooperation. However, too often something happens when time to put words into action arrives. Caution and hesitancy frequently dominate discussions designed to implement plans and to activate programs. Apparently, some have feared losing identity and visibility through cooperative ventures. Others have feared loss of prestige and status or felt that others might receive credit for what was rightfully theirs. Consequently, much more is being *said* about cooperation than is being *practiced.*

In no area does inability or unwillingness to work together restrict programs, activities, and progress more than in areas involving the handicapped. The handicapped are really the losers when petty jealousies and shortsightedness are allowed to interfere. Our primary concerns must be meeting the needs of those with whom we work; concentrating upon the similarities rather than the differences among the handicapped and their programs; and in saying what we mean and meaning what we say about working together, cooperative action, and interdisciplinary effort.

The sky is the limit; we can help each youngster build his own rocket to the moon; Shangri La can be reality for the handicapped when we focus on their interests and needs. As we embark on another adventurous year, let each evaluate his work with others and determine how he can establish more effective relationships and cooperation.

Remember, it matters not who gets the credit so long as the job gets done.

Editorial

Many Americans–professionals, parents, and volunteers alike–follow fads, climb on bandwagons, and become disciples of scientific and unscientific systems, validated and unvalidated procedures. Too many indiscriminately accept these systems and procedures as gospel –as the only way to reach individuals with various and sundry, specific and undifferentiated problems. Often only success stories and promising practices are related; failures and frustrations are neither mentioned nor discussed. Assume that every system and every procedure has value for certain individuals and even for large numbers of some groups (a valid assumption in our opinion). To be completely fair and accurate we must also assume that no system or approach is or can be everything to everybody. Individuals and groups are constantly reporting progress made by students participating in a certain program or system or through the use of various activities or methods. When activities, methods, and procedures are geared to individual participants–based on their special needs and aimed at their specific developmental and functional levels–what are the real ingredients and reasons for their success? Is it method? Special activities? Procedure? System? Philosophy? Or, is it some heretofore unidentified element? What are the common bonds and basic threads that insure success regardless of system, approach, activity, method, or procedure? Trite as it may seem, the real key to success in reaching and teaching the handicapped in the gymnasium, on the playfield, in the swimming pool, at the community center, in the classroom, on the job, or wherever handicapped individuals are found lies in ***interpersonal relationships*** between teachers and students, leaders and participants. Crucial to the success of every program for the handicapped are individuals dedicated to teaching people–not activities, subjects, or topics; people convinced of the worth and dignity of those with whom they work; people committed to exploring the unknown and breaking with convention and tradition; people devoted to ability rather than disability, to performance rather than general categories and unrelated labels. The handicapped have the same basic needs, drives, interests, and wishes as nonhandicapped persons of similar age and comparable functional ability. No activity or method, no system or procedure in itself is good or bad. Leadership determines the degree to which each becomes a positive or negative force in meeting the needs of the handicapped. What is your leadership quotient? Can your efforts be evaluated in terms of what you are doing *for* the participants in your program, or in terms of what you are doing *to* them?

Guest Editorial

by Charles L. Lowman, M.D.

Many factors should be carefully considered and weighed by personnel responsible for recreation and physical activity programs for handicapped children. Teachers and instructors need to know type and degree of handicaps so appropriate activities can be chosen to meet each child's needs. The blind, for instance, need certain types of activities; mentally retarded need other types; and those with physical defects or deficiencies need still others. Those responsible for administering, supervising, and conducting activitv programs in hospitals, schools, or playgrounds must realize that no matter how enthusiastic volunteer helpers may be, they may or may not be prepared or able to handle given children without guidance and direction from someone with professional preparation, experience, and expertiese.

A recreation specialist was doing well in directing orthopedic children in play-acting and active games; a therapist, much disturbed, said, "This woman is breaking down all the good we have been accomplishing with flat and weak-footed patients by having them run and jump!"

Small lithe children balanced 5-inch blocks of wood on their heads and ran exciting races around a 100-foot circular drive. This event had high interest and competitive values but limited range of movements of parts of the body and did little to improve endurance levels.

Residual polio cases usually have some muscular imbalance which require compensatory movements for them to perform specific movements. Someone who encourages such an individual to swim may introduce activities which contribute to muscular imbalance and make his condition ultimately worse. Individuals with active pectoral and weak interscapular muscles who scull or paddle make short muscles shorter and add to round-shoulder or round-back conditions.

Psychological factors must be considered and are very important – certainly children deserve all the fun they can get! However, instructors or teachers with experience and guidance under an orthopedic specialist can make proper assessment of muscular balance and imbalance and minimize possibilities for deformity through use of improper or inappropriate activities. Activities can be adapted and modified so that end results will be satisfactory, beneficial, and *fun!* For example, a baseball game was played between residents of a state hospital for the handicapped and a team of the same grade level from a public school. Residents who had good legs ran the bases; those who could stand in leg braces and had good arms batted. Pitchers sat down and threw because they couldn't stand or were too unsteady. Others who were too badly off to play umpired and kept score. The handicapped youngsters did well – they won the game! Various recreation and physical activities can be analyzed and altered in this same manner to increase correction value for both handicapped and regular school children. Exercises, games, and similar activities can be modified in the best interest of and to meet needs of individual participants. Remedial objectives can be accomplished through games, calisthenics, and drills without losing valuable play elements and important competitive features. The values and benefits of group activity and the clinical contributions to individual participants can both result from such an approach. Gymnastic work without an active play spirit or challenge can be a rather hollow, dull, and ineffective experience. However, all recreation and physical education personnel dealing with the handicapped must have proper background training and experience in kinesiotherapeutic techniques.

II. ACTIVITIES

Arts, Crafts, and Games

MAKING ART "SPECIAL"

RICHARD G. WIGGIN, Arlington County Public Schools, Arlington, Virginia

For several years, individual art teachers in Arlington County taught "special" art classes, of some 10 to 25 students of junior or senior high school age, grouped together principally because their educational needs called for special help. These students were defined as "mentally handicapped" and were classified into two subgroups: educable retarded (55-75 IQ) and slow learners (75-90 IQ). The art teachers involved and the art supervisor met informally to discuss common problems of teaching these classes. They developed three questions, answers to which would help them face their specific teaching problems.

1. What art activities are popular with mentally handicapped children of high school age in our schools?
2. Why are these activities popular?
3. Can a "yardstick" be developed which will predict the degree of popularity of a newly-introduced activity?

Results of an initial study conducted to determine answers were reported in the March 1961 issue of *Journal of Educational Research*. Points of interest to *Challenge* readers include the following:

A total of 51 art activities were found to be popular with mentally handicapped children of high school age, and the reasons for the popularity of these art activities were dependent upon 32 general characteristics. The more popular a specific art activity, the more likely it was to contain the following characteristics:

1. Material has a definite weight.
2. Material is permanent, solid, hard.
3. Manual arts tools are used.
4. Project employs texture relief.
5. The finished product is shown first, then steps are outlined singly.
6. Acceptable raw materials, having monetary value, are used.
7. Strong sensory reactions are produced.
8. Product is designed as a gift.
9. Daily product growth is visible.

The study revealed that the teaching process apparently involves several specific characteristics:

1. The principal objective of the teaching process should be to maintain and enhance the individual student's sense of security. This may even involve turning over a whole class period to the therapeutic "talking out" of personal problems.
2. In the introductory phase of a new lesson, sample finished products should first be shown, and each sequential step in product execution should be briefly outlined.
3. The teacher should give thorough and visually clear directions preceding each succeeding step of the art process.
4. Students should be free to move within the work area.
5. Only simple and obviously easy choices should be offered the student. As a result, creative activity must be held to a reasonable minimum and must be kept on the level of elementary problem solving.
6. Tool storage should be on an individual basis and should be fixed and unchanging.

A further study, to test the use of the yardstick and to explore the teaching ramifications, has been undertaken at the University of Maryland.

BARREL BALL

Barrell ball was developed as a substitute for basketball. It can be played in small areas with low ceilings, and by children who are too small to play regulation basketball.

The equipment is inexpensive and easy to construct. Take a 30 or 40 gallon fiber barrel and cut a hole in the side at the bottom so that a volleyball or basketball can pass through it without difficulty. Cut a piece of plywood into an oval so that it will fit into the barrel but is too large to lie flat on the bottom. Put the plywood in the barrel so that it slopes toward the opening in the side. A weight placed in the bottom of the barrel will prevent tipping or sliding.

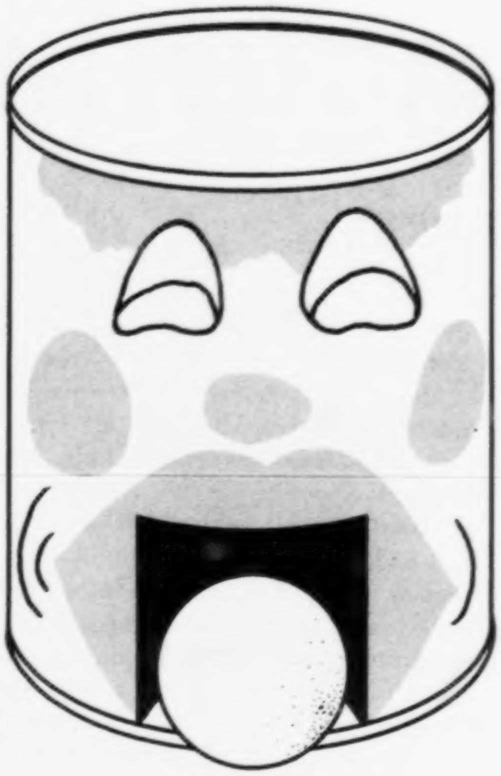
The barrel can be used for a variety of games, motor experiences, and challenging activities geared to the interests and abilities of those with low ability levels. The child can throw a ball into the top of the barrel and it will roll out at the bottom, returning in his general direction. This *return* feature has added interest and motivated many who have responded to little else.—ROBERT DECKER, *Director, Physical Education and Recreation, Utah State Training School, American Fork, Utah.*

IDEAS FROM OUR READERS

Old tin cans, plaster of Paris, and wooden dowels can be used to make inexpensive barbells. Plaster of Paris is placed in one can and a dowel is put into the center. After the plaster hardens, repeat the process by filling another can to the same weight, turning the hardened can up-side down, and placing the dowel in the second can of plaster. Paper cups filled with plaster tend to deteriorate when the plaster dries. Various size cans can be used for different weights. Barbells of different weights are painted various colors.

Three-pound coffee cans make excellent storage baskets to hold students' shorts and towels. Each class paints their can a different color and names written on pieces of paper are taped to the front of the cans. Color recognition and name reinforcement are encouraged through these procedures.

For additional information, contact Carolyn Hickey, Riverdale School, 18002 Riverdale, Anaheim, California.



BARRELS, BALLS & BALANCE BEAMS

Sister Mary Ann Yodels
Briar Cliff College
Sioux City, Iowa

For your own variation of barrel ball, cut a hole, large enough for a ball to pass through, at the bottom of a barrel. Place an oval piece of plywood in the bottom and slope it toward the opening to provide a ball return. Paint the barrel colorfully to transform it into a grinning clown or other cartoon character. Use the barrel like a basketball hoop.

SHORT, PUDGY JOHNNY heaved a rubber ball into a gaily painted clown-faced barrel just two feet in front of him. He looked around the room, his usually dull gray eyes sparkling, and gleefully applauded himself, for he was having a barrel of fun. A 40-foot jump shot by Lew Alcindor could not have thrilled anyone half as much; Johnny is severely mentally retarded.

As part of an independent study project early in 1967, twelve enterprising junior physical education majors at Briar Cliff College developed barrel ball—a pint-sized game of basketball for Johnny and his mentally retarded classmates. Since they lacked funds, the girls built much of their own equipment and improvised items from easily obtained materials. (Basketball had its beginning in 1892 when a volleyball and a peach basket were used for the first game.)

The physical education program was coordinated through the Sioux City Public Schools director of special services and the director of physical education. A group of youngsters six to ten years old, who were attending a special class in a local elementary school, were chosen to participate.

The girls soon recognized that the retarded child was unable to play as long as the normal child; he had a short attention span and tired easily. They found that planned physical education activities helped the mentally handicapped children to play with and get along with their peers, to show confidence in their own ability, increase attention span, and improve endurance. During the instruction, a great deal of emphasis was placed upon the need for listening and cooperation.

The students worked in teams of four, each team responsible for developing and teaching a unit. One girl directed the class while the other three circulated among the children to give shy youngsters assistance and to try to help them feel more self-confidence. They also aided in demonstrating new activities. On some days the class was divided into small groups, with each girl teaching a section.

Overall instruction began with the basic lomomotor skills of walking, running, jumping, hopping, skipping, and leaping. A line on the floor was called a train track, or a circus tightrope, to help the children improve walking and balancing skills. Next, a low balance beam, a few inches off the ground, was introduced; later, as the children could handle it, the beam was raised. Plastic bowling pins were set about two yards apart, thus becoming a challenging confidence course. The children zigzagged through the pins—alternately they ran, hopped, skipped, leaped, and took giant and baby steps. Later they dribbled a playground ball around the obstacles.

Classes progressed to hand-eye coordination activities and simple games. A sense of left and right was taught in activities with three bowling pins and a ball. The child rolled the ball to knock down the pins, always leading with the left foot if he was right-handed.

The youngsters passed objects around a circle as rapidly as possible, to improve finger dexterity. To start, they used a ten-inch playground ball, then a tennis ball, eight-inch playground ball, a softball, a bowling pin, and finally a beanbag. (At first, some were so intent upon watching the object they had passed, they forgot to turn quickly enough to receive the next object.) After the children learned more about passing skills, circle games like "Rabbit and Dog" were introduced. (This was an adaptation of "Fox and Hound," with terms changed because so many of the children were unfamiliar with the words fox and hound.) In the game, the white rabbit (volleyball) was chased (handed around the circle) by the red dog (playground ball).

Three large red crepe-paper circles were placed at different heights on the playground fence. These targets were used by the child to improve aiming and throwing skills. They aimed for the center of the lowest circle, using an underhand toss; for the middle circle, a two-hand push pass; and for the highest circle, an overhand throw.

The student teachers found still another teaching tool. Some inexpensive jump ropes were tied at alternating heights, and the children trooped through the line of ropes — jumping over one and ducking under the next —continuing through various combinations. Since many of these children disliked or even feared bending over, the ropes were a happy way of overcoming these negative attitudes.

Creative movement exploration combined basic movement, spontaneity, and creative imagination. "Can you stand on one foot?" asked the teacher, and the entire class cheerfully demonstrated—each child in his own individual way. "Can you make a circle with your right hand? With your left hand? With both hands? Can you make yourself as small as possible? As big as possible? Can you reach way back? Way out in front? Way to the side? Show me how a top spins . . . how it falls down . . . how it is wound up." Children learned how to control their speed and force of movement, how to keep their balance, and how to catch an object. Their creative responses were really original. Normal children often look around first, to see what others are doing, before they respond. These children tried to interpret the movement immediately after the question was asked— then they looked!

The girls devised countless opportunities for beanbag activities. They made targetboards, some with holes for eyes, nose, and mouth, others with a clown holding a fistful of balloons. The children enjoyed the beanbag games, and some became quite proficient at them. One child, retarded and afflicted with epilepsy, found that he could hit the target from a distance of five feet —quite an accomplishment for him.

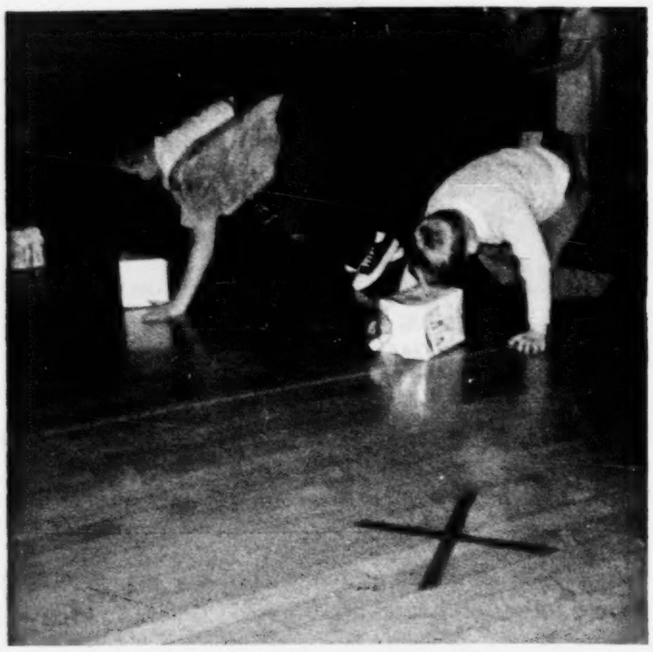
The Briar Cliff girls felt that the experience was satisfying and rewarding and that it taught them patience and understanding. The students admitted a change in their own attitudes toward the mentally retarded. Several had started out with the idea that retarded children would not be able to accomplish very much but found that "the children showed us they could do many things. They learned to throw balls, catch them, run, and have fun."

The children showed their joy in many ways. Vacant, disinterested looks blossomed into smiles. Homemade physical fitness badges which were presented on the last day of classes were worn proudly; some were even worn to a picnic a few days later. One boy did not speak a word to the teachers all term until the last day when he thrilled them by saying, "I like the barrels. I had fun!" And his enthusiasm kept him talking about his new experiences.

Perhaps Jimmy best summed up the response to the program when he grabbed a teacher's hand after class one day. With clumsy gallantry, he kissed it, quickly looked up, and whispered, "Thank you. Come again!"

Barrels, balls, and balance beams rated high on that little boy's scoreboard. Someday—who knows? Both Johnny and Jimmy may be sufficiently skilled and coordinated to participate in the real thing—a game of basketball.

New Uses for Milk Cartons



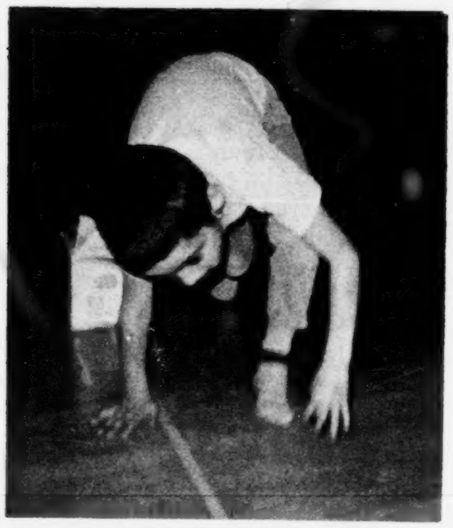
"Don't throw away your empty milk cartons. Bring them to us!" This cry went out to parents and friends of children in special education classes in Billings, Montana, from physical education instructors who work with these children.

Even the average individual finds it difficult, and sometimes impossible, to take part in enough active exercise and recreation to keep physically fit. Exceptional children encounter much more difficulty; poor coordination or multiple handicaps may seem to doom them to sedentary and inactive lives. Yet, if they are to maintain the best bodily health conditions possible, they, too, must have active, consistent exercise within their limitations.

Physical education instructors working with special education classes in Billings are constantly searching for materials and supplies that are safe, easily obtainable, inexpensive, sturdy, uncomplicated, and easy to work with in teaching situations. This particular series of stunts and games utilizes the plebeian milk carton in half-gallon and gallon sizes.

Both educable and trainable retarded participate in these stunts and games; the obstacle course and relays are particularly useful for trainables. Educables enjoy these activities as well as more advanced and complicated games.

Initiative, coordination, and motor skills accrue through milk carton activities. The obstacle course is particularly good for stimulating and improving balance, agility, strength, and endurance. Good sportsmanship is learned as the children have fun playing together, often not even realizing that they are absorbing the principles of fair play and teamwork.



SUGGESTED GAMES

1. Kick the Can.
2. Circle Soccer.
3. Bowling (See diagram).
4. Line Soccer.
5. Crab Soccer.
6. Obstacle Course.
7. Scramble Soccer (Keep Away).
8. Relays.
    a. *Elephant*—Clasp both hands together with fingers. Bend over at waist. Hang arms down and keep elbows straight. Walk, and swing arms side to side, pushing carton.
    b. *Crab*—See Obstacle Course #9. Push with feet, using instep.
    c. *Billy Goat*—Push carton by butting and pushing with head. Keep on hands and toes. (Don't let knees touch.)
    d. *William Tell*—Balance carton on head, hands, or feet. Balance race.
9. Milk Carton Soccer.
    a. Game Method 1.
    b. Game Method 2.

Bob Williamson
Physical Education Specialist
Billings Public Schools
Billings, Montana

MILK CARTON SOCCER

Purpose: To develop eye-foot coordination, with vigorous play. Teamwork and fair play should be stressed.

Equipment: Multipurpose room or playground. Floor can be marked with 3M colored tape. Half-gallon or gallon milk carton. (Gallon is best.) Cartons may be filled with foam rubber and taped to make them more durable.

Number of Players: Game Method 1: 10 to 20 players to a team, depending on size of area. Game Method 2: 6 to 10 players on a team. (Play for 5 minutes, then substitute.)

Objective: Try to use teamwork in taking the carton (ball) from the opponents and scoring a goal.

The game is played with modified rules for safety.

Each multipurpose room would use different floor markings for boundaries. The game may be played in 4 periods. The time allowed is up to the teacher, but do not exceed more than 5 minutes per period.

To Start Game: The official may drop carton between two players at center of playing area, or toss coin to see which team will put ball into play by a free kick to the opponent's team.

Scoring: Carton is kicked in box which is on its side with open end out, or kicked between two soccer standards which are six feet apart. Each goal counts one point.

Rules: Soccer kick only, using the instep of foot. It is illegal to push, trip, use unnecessary roughness, or touch carton with hands. If any of the above are violated, a free kick is awarded the offended team. (Don't let game get rough!)

Free Kick Line: A line 10 feet or closer (depending on skill of students) in front of goal—where offended team's player may place carton for chance to score a goal. All other players line up in back of person making an attempt on a free kick. If missed, the carton become live and play resumes.

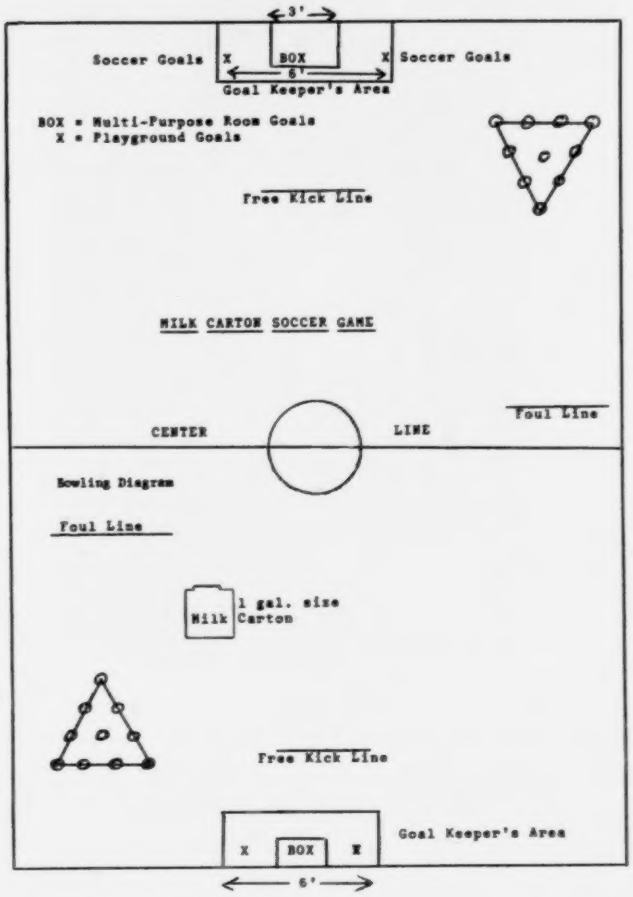
Throw In: It is legal to throw carton in from out-of-bounds with *two hands over head* only when putting the carton into play.

Pass: Players spread out and one controls the carton by kicking it to another on his team.

Goalkeeper: A team may keep a goalkeeper back to protect their goal.

Game Method 1: The playing area is divided by a center line and each team may have the same number of offensive and defensive players on each side. Some play only offense or defense, depending on which goal they are defending. No one is allowed to cross the center line. If this is violated, the offended team receives a free kick.

Game Method 2: All players can move in any direction and the center line is disregarded. The scramble system—a mixture of offense and defense.


3'
Soccer Goals
X
BOX
X
Soccer Goals
6'
Goal Keeper's Area
BOX = Multi-Purpose Room Goals
X = Playground Goals
Free Kick Line
MILK CARTON SOCCER GAME
CENTER
LINE
Foul Line
Bowling Diagram
Foul Line
Milk
1 gal. size Carton
Free Kick Line
X
BOX
X
Goal Keeper's Area
6'

OBSTACLE COURSE

Place cartons about 4-5 feet apart in a line, a circle, or other formation as desired.

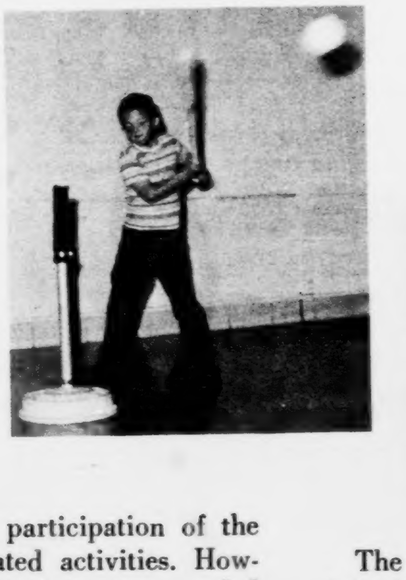
1. Zig-zag run in and out.
2. Straddle—leg run over top of carton (knees high and wide apart).
3. "Jack be nimble and quick and jump over the milk carton"—high stepping over each, picking up knees.
4. Kangaroo—standing long jumps forward and sideward over cartons.
5. Leaping over.
6. Hopping in and out zig-zag, hopping first on one foot and then the other, holding the other toes up in back of body with the hand.
7. Alternate hops and jumps.
8. Puppy dog zig-zag in and out among the cartons on all fours (hands and feet), stomach parallel to floor, back up.
9. Crab-walking zig-zag—zig-zag in and out among the cartons, on the palms of the hands and the soles of the feet, back parallel to the floor, stomach up.
10. Improvisations. Be creative; combine stunts into series.

SKILLS TAUGHT USING MILK CARTONS

1. Soccer kick, with milk carton.
2. Soccer dribble, with milk carton.
3. Punting, with milk carton.
4. Bowling, using playground ball and milk cartons for pins.
5. Throwing, using beanbags to throw at carton targets.

TRY A BATTING TEE

DUANE L. EPP
Martin Luther School
Beatrice, Nebraska



Often, inability to hit a ball limits participation of the mentally retarded in softball and related activities. However, a simple batting tee can be used to help the retarded develop sufficient skill to hit the ball with some degree of consistency and accuracy. The tee can be used in certain lead-up activities, selected games of low organization, and in modified softball.

The batting tee has been used for quite some time to help hitters develop a correct and more effective swing. A level swing should increase a batter's chances of hitting the ball and help him gain confidence in his ability to hit it. Use of the batting tee does not help the batter hit moving balls as such because of the visual tracking, the timing, and coordination involved, but the indirect contributions to this end are important and make the tee a valuable teaching aid.

At Martin Luther School for Trainable Retarded, the batting tee has been used in aiding beginners and in modified games of softball. We have found that it is best to start the tee at a height somewhere between the beginner's shoulders and waist, since he will usually have the most natural swing in this zone. When he has learned to hit the ball at this level and has gained confidence in his ability, change the height of the tee so he will have an opportunity to practice at other levels.

A wiffle ball and a plastic bat can be used indoors with no danger of breaking windows or injuries to other children from wild swings or slung bats. The lighter bat also helps the child with weak arms and poor coordination to develop a smooth swing and be successful in hitting the ball.

Modified softball is played in the same way as the regular game, except that the catcher places the ball on the tee for the batter, who is given three chances to hit the ball. The tee helps the child get the feeling of the game as he hits the ball and runs bases. As the batting game comes to life, infielders and outfielders get plenty of action, fielding, catching, and throwing.

While playing the modified game some participants may feel they are too grown-up for the tee. This reaction shows progress and should be welcomed. Simply allow those who need the tee to use it, while pitching to the better hitters. Being a part of a team and playing a game will hold the interest of the participants. Everyone hits the ball; interest and motivation increase; skills improve; and all have more fun.

Batting tees can be made from a variety of materials—for instance, old pipe, a piece of automobile radiator hose to hold the ball, and a radiator clamp to adjust the height of the tee; a plumber's helper inserted into pipe or garden hose; a traffic cone placed on top of cardboard or wooden boxes.

Rochelle Myers
Recreation Supervisor, Children's Programs
Recreation Center for the Handicapped
San Francisco, California

Egg beaters Corn meal and Recreation

In their effort to create good play and learning experiences for the mentally retarded child, professional leaders, educators, and parents tend to buy expensive toys and equipment. They hope that the life of the handicapped child will be enriched, his growth and development hastened, and his attention span lengthened. The professional leader or parent may equate expensive material with best material, and then experience keen disappointment when the child discards the new play equipment after only a few moments of handling.

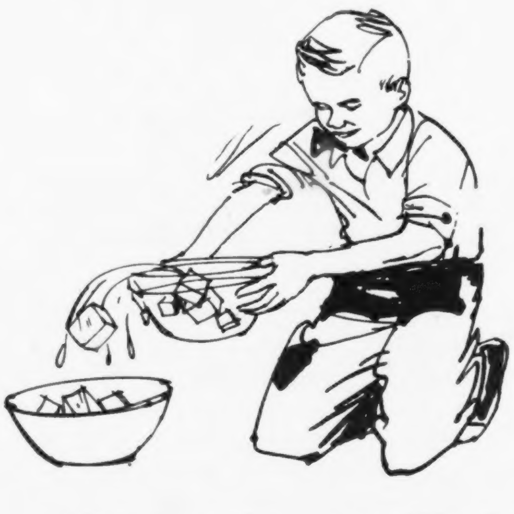
Since March 1964 a program for severely physically handicapped, mentally retarded, and emotionally disturbed children not accepted in schools has been in progress at the Recreation Center for the Handicapped, Inc., San Francisco, California. For five hours a day, five days a week, recreation activities are carried out in this program known as Day Care Recreation. In the present group of 60, most children test at a profoundly retarded level and all have multiple handicaps.

The Recreation Center for the Handicapped, Inc., is a private, nonprofit organization financially dependent primarily on community support, and the budget for purchasing equipment and supplies is limited. At the beginning, toys were contributed by parents and interested individuals. These toys included an assortment of dolls, fuzzy animals, puzzles, rocking horses, toy cars, and wagons. It was soon evident that dolls held little or no interest for these children, that the fuzzy animals ended up in the mouth for chewing purposes, that pieces of puzzles were discarded and lost, that toy cars were easily dismantled, and that wagons became weapons in the hands of the more aggressive children. Clearly, a new approach was indicated.

After some months of trial with various toys and materials, it was agreed that the children became most intensely engaged in an activity when, by their own manipulation of the material *they could make something happen.* It was with this observation—coupled with the lack of funds—that the "Kitchen Utensil Program" was born. A trip to a local dime store and grocery store, plus a plea to housewives in the community to search their cupboards for used kitchen utensils, yielded a plentiful supply with which to start the program. The success of this trial was immediate. In time, additions and eliminations of basic equipment and supplies were made, and the present program now includes the following:

KITCHEN UTENSILS—rotary egg beaters and whippers, cookie cutters, plastic ice cube trays that make ice cubes of various sizes and shapes, rolling pins, angel food cake pans, ice cream scooper, pots, graters, soup ladles, basters, large serving spoons (wooden and metal), plastic dishpans, old-fashioned soap holder with long handle, muffin tins, flour sifters, measuring spoons, measuring cups, plastic bowls of various sizes, tin foil pie plates, spatulas, large colored sponges.

MATERIALS USED WITH THE UTENSILS—corn meal, ice cubes, food coloring, flour, water, detergent, corn flakes, jello, cakes of soap.



Below are four games in which the children use the objects and materials. The possibilities to "mix and match" are endless.

Corn meal play

Large colored, plastic dishpans filled with corn meal are put on tables set around the room. Placed in the dishpans with the corn meal are measuring cups and spoons, flour sifters, muffin tins, serving spoons and soup ladles. Set nearby are pots, cake pans, and bowls of water. The corn meal is used primarily as a dry ingredient in sifting, measuring, placing from one utensil to another, and filling the muffin tins—or mixed with water, the consistency and use being determined by the child. The texture of corn meal, its possibilities for play, and its edibility make this a very popular activity at the Recreation Center for the Handicapped.

Ice cube play

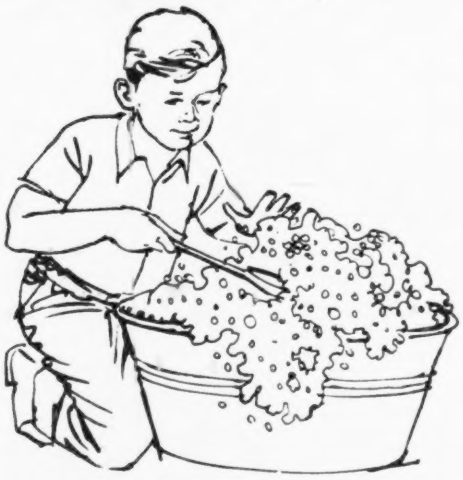
We float ice cubes small and large, heart-shaped and diamond-shaped in large tubs of water or in small plastic bowls. Play consists of simple handling, tasting, splashing, scooping from one bowl of water to another, mixing with other materials, and sliding back and forth in a pan. Food coloring is added to the water to heighten the aesthetic pleasure. Outdoors, the cubes are set on pie plates, put in the sun to melt, and used for mud pie recipes. The combination of smooth touch, cold temperature, melting properties, and variety of shapes used in combination with water and color makes this a unique experience.

Food coloring play

A drop of red color is placed in a bowl of clear water. When a drop of blue coloring is added to the red water and it turns purple, the leader then uses this opportunity to teach other properties of color to the child. Food coloring may be transported in small quantities by an eye dropper or in large quantities by a kitchen baster. The child's handicap determines whether the small or large object should be used. Food coloring is rich in color, rich in possibilities for use, and harmless if tasted.

Sudsy play

Several large or small pots or bowls of water are set in front of the child or group of children. In one bowl, liquid or powdered detergent is sprinkled on top of the water. In another, using a regular vegetable grater, a cake of hard soap is grated into fine pieces and left to float on the water. If the child is not limited in the use of his arms and hands, he may turn the rotary egg beater or use a whipper to make the suds appear. For a child whose handicap prevents him from turning a beater, a large, brightly colored sponge can be placed in his hand or hands and he be encouraged to squeeze it to make the suds appear. For the severely handicapped child, a long-handled, old-fashioned soap holder may be passed back and forth through the water. This play always elicits an enthusiastic response.



Over a period of five months, playing with kitchen utensils and grocery products became part of our regular morning recreation program. During this time, we made the following observations regarding these activities:

1. Every child is able to participate in some way. This includes severely multiple handicapped crib cases, children in wheelchairs, those with severe retardation, and children who are highly active and severely disturbed.

2. Absorption in this kind of play is so great that children formerly described as having a short attention span spend not less, and often more, than one hour in this program.

3. The activities require a minimum of supervision by staff and volunteers. The children explore and combine materials in a fairly independent fashion. Inventiveness becomes one of the major features of this kind of play.

4. The activities may be carried on indoors or outdoors with a minimum of work in moving the supplies to and from the play area.

5. The low cost of the materials is such that they may be purchased by administrators operating on a restricted budget, by parents of limited income, or by community groups sponsoring a new program for handicapped children. Availability of equipment adds to the other attractive features.

6. The flexibility of this activity lends itself to a small group, large group, or individual participation.

7. While these activities are regarded primarily as play experiences, the therapeutic and educational aspects cannot be overlooked. A sponge in warm water creating colored suds may be one way of encouraging a reluctant child to grasp with his hand. Teaching colors with food coloring is one means of teaching color concepts. Eye-hand coordination can be encouraged in handling the varieties of material. The leader can help to bring a whole array of sensory experiences closer to the child's world.

A basic assumption of the program at the Recreation Center for the Handicapped is that when staff and volunteers are happy in a program, they communicate joy and ease to the children. Tensions in staff appear when expectations are inappropriately high, and when programs deteriorate into repetitious training sessions. The "Kitchen Utensil Program" is fun for the leaders as well as for the children. Both are free to explore, to initiate, and to experiment. There is an absence of pressure which creates an atmosphere conducive to the growth and development of the children.

Since the introduction of the program, marked progress has been noted in many children. The enjoyment of the "Kitchen Utensil Play" time seems to have a positive effect upon the children's readiness to learn and to socialize with others throughout the day. The activity, which evolved in response to the children's need to play with materials in an inventive fashion and "make things happen by themselves," taught us that costly materials may not only be unnecessary but sometimes undesirable.

SPORTS COMPETITION

JAMES N. OLIVER, DEPARTMENT OF EDUCATION, UNIVERSITY OF BIRMINGHAM, ENGLAND

Experimental evidence shows that under the right conditions many of the mentally handicapped are capable of learning a wide range of motor skills. The fact that learning curves of normal and retarded are similar suggests that retardates should be able to profit from the same kinds of experiences which are given to normals; it may be that the methods of giving such experiences need to be different.

I should like to present evidence of the ability of the mentally retarded to take part in sport and play successfully when attention is paid to the teaching. Experimental work done with educationally subnormal boys has shown it is easier to teach games skills in isolation than to get boys to apply them in a game situation. However, with the right approach, with sufficient practice, and with enthusiasm shown by the teacher, many retarded boys are capable of high degrees of skill on a games field and in other areas of physical activity.

For example, around Birmingham some 15 special schools take part in a rather ambitious football [soccer] competition each year. There are two league championship competitions, one for residential schools and one for day schools, for both senior and junior boys. The seniors are aged 14 to 16 years; the juniors are boys who have not reached the age of 14 before the competition starts in October. Each school plays every other school in its own division both at home and away.

When the league positions have been decided, the top four teams in each of the four divisions play a knock-out competition for a challenge cup. The Birmingham competition then ends with the cup winners of the residential schools playing the cup winners of the day schools. As a finale, a representative side from the Birmingham area is chosen to play against a representative side from London, the annual match taking place alternately in London and Birmingham. The standard of football in these games is quite good; there is no doubt about the ability of the boys to profit from practice and good coaching.

It is not only in games that the educationally subnormal are capable of showing skill and success. Athletics [track and field] is another fruitful activity. In Worcestershire this year, eight schools took part in a meet in which the usual serious track and field events were included, and competition was high. Mention of some of the performances will serve to show what can be achieved by retarded boys when the preliminary training has been carried out under good conditions. The long jump was won by a fifteen-year-old boy with a jump of 16 feet 10 inches. Another fifteen-year-old boy threw a cricket ball 231 feet; a fourteen-year-old boy threw it 220 feet. The mile was won by a fifteen-year-old boy in 5 minutes 37 seconds. The record for the school where the meeting was held was put up a year or so ago by a fifteen-year-old with a time of 4 minutes 50 seconds. This was no small achievement for a mentally handicapped boy.

In Nottinghamshire eight schools for educationally subnormal boys annually enter a team of six senior boys for a three-mile cross country race. This is a popular competition; there is great enthusiasm on the part of the boys and some good performances are recorded. This year, for example, the first boy completed the course in 15 minutes 30 seconds. This is a record and rightly so. He has now been chosen for his county, a remarkably fine achievement and one that must have a very beneficial effect on that boy.

Outdoor pursuits of a more recreational nature, such as camping, hiking, scrambling, and so on, figure quite prominently among the activities of some special schools. Where there is sufficient enthusiasm on the part of the staff and sufficient training is given to the boys, good results can be achieved.

Because of limited intelligence, mentally handicapped children are never likely to become well-qualified academically, but given the right experiences, or education if you prefer that term, there is no reason why they should not grow into well-integrated people, accepting, and being accepted by the society in which they live.

Physical education, sport, and recreation have a great contribution to make here. Through physical activity which is appropriate to their age, ability, and interest, many of the needs of the mentally handicapped can be satisfied.

EDITOR'S NOTE: *There are a number of communities in this country that are providing competitive athletic experiences for the mentally retarded. Mansfield (Connecticut) State Training School and Hospital and Seaside (Connecticut) Regional Center both have teams that travel to play other teams in several sports (in addition to their comprehensive physical education and recreation programs). An interesting and inspiring fifteen-minute film,* The Game of the Year, *showing a basketball game between two residential facilities in Washington, is available from Jim Ennis, director of physical education, Everett, Washington.*

FOR THE MENTALLY RETARDED

This article is a portion of a speech delivered by Dr. Oliver in London earlier in 1966.

HENRY DONATELL, DIRECTOR OF AAHPER PROJECT AT WALWORTH COUNTY SPECIAL SCHOOL, ELKHORN, WISCONSIN

ALL-SCHOOL TRACK MEET

You can never predict how successful an activity will be with educable and trainable mentally retarded children until you try it! We approached an all-school track meet at Walworth County Special School with just this uncertainty.

Each homeroom teacher managed to arouse interest in the track meet in his own students. Enthusiasm really became contagious, however, when the ribbons and trophies were put on display two weeks prior to the meet. The team (homeroom) trophies — one for each age level — and the individual ribbons — five for each event, 145 in all — were eyed with great anticipation.

All 190 educable and older trainable students entered the competition. Each was required to participate in at least two events, but could enter as many as four. The meet was run in two afternoon sessions, and the entire student body was dismissed from regular classes to watch the events.

Events were modified according to the level of physical development of the students in each age group and included the following:

Primary Division (ages 8 - 10): 40-yard dash, 100-yard run, high jump, and long jump for boys and girls, along with the 220-yard run for boys.

Intermediate Division (ages 11 - 14): 40-yard dash, 220-yard run, high jump, long jump, and shot for boys and girls, along with the 220- and 880-yard runs for boys.

Secondary Division (ages 15 - 18): the same schedule of events was included as for the Intermediate Division. The eight-pound shot was used for girls and the twelve-pound shot for boys in both divisions.

Plans for this year's meet include adding longer running events, hurdles (16, 24, and 30 inch in each of the divisions), relays, and additional field events (discus and triple jump) for those boys and girls with sufficient physical maturity. These additional events should provide greater program continuity and individual incentive to enable the older retardates to compete in an organized athletic program.

Last spring our school hosted four neighboring schools (grades 6 - 8) for a track and field meet. Our students who corresponded in chronological age entered the competition. In addition to the individual ribbons awarded the first five finalists in each event, a trophy was presented to the winning school. Walworth County Special School placed a close second. Since relays were part of this interscholastic meet, we will also add relays to our spring All-School Meet.

Plans for this year's meet are well under way. Every educable retarded student and the older trainable children will participate unless they are excused by a doctor. Students will sign up for the events in their homerooms, selecting one dash, one running event over 100 yards, and at least two field contests. Each homeroom will also have relay teams, and students will be permitted to choose the hurdles as an additional event. Individual ribbons will be awarded for the first three places in each event rather than the five presented last year. Because of the added events, more time will be needed to conduct the meet, to guard against overfatigue among the participants.

Minimal facilities are necessary for conducting track and field competition. We designed and constructed a 220-yard oval track along with a 100-yard straight-away for the dashes. The high jump area consisted of homemade volleyball standards and tumbling mats for the pit. The long jump take-off board and the shot toe board were constructed in our industrial arts classes.

The actual cost of our first meet was less than $50.00, including three trophies, 145 individual ribbons, high jump cross bar, starting pistol, and batons.

Everyone's a Winner

JIM DUTCHER, DIRECTOR, PHYSICAL EDUCATION AND ATHLETICS, BILLINGS PUBLIC SCHOOLS, BILLINGS, MONTANA

The First Annual State Special Education Track and Field Meet was held during the spring of 1967 in Billings, Montana. The meet was sponsored by the Billings Public Schools Department of Physical Education, in cooperation with the Special Education Departments of the Billings Public Schools and Eastern Montana College.

The meet was designed to provide a wholesome, competitive program for boys and girls enrolled in special education classes, affording them an opportunity to participate in an interschool program of track and field activities. Many of the events were modified so that success was within the grasp of each participant.

Boys and girls were divided into three age classifications— *Group A,* 11- to 13-year olds; *Group B,* 14- to 16-year-olds; and *Group C,* 17- to 19-year-olds. Greater participation and more entries from each school were stimulated by limiting the number of events in which each individual could take part.

No spiked shoes were permitted; only soft-soled shoes were worn, so that the majority of children, who had no track shoes, were not placed at a disadvantage. All children were directed to wear clothing suitable for running and jumping.

Awards were presented to the first-five-place winners in each event — track events included the 75-, 100-, 220-, and 440-yard dashes, 880-yard run, 75- and 100-yard low hurdles, and the 440- and 880-yard relays. Field events included the basketball throw, 8-pound shot, high jump, running long jump, and the standing broad jump. Each classification did not take part in all events — the younger participants did not compete in the 440-yard dash, 880-yard run, 880-yard relay, or in the hurdles. However, both boys and girls in all classes took part in all field events.

I can't wait
to begin
practicing
for next
year's meet!

This is the
first time
I have ever
received
a ribbon
for anything!

Teams representing six schools from various parts of Montana were entered and had entries in most events, and the meet was considered a great success. Though the weather was inclement the students were most receptive, thoroughly enjoyed the opportunity to compete, and were thrilled with the awards they received. (Certificates were presented to all children taking part.)

The feeling of success experienced by participants was obvious throughout the meet and was reflected in comments from both boys and girls who, for the first time, were having the opportunity to run, jump, and throw — to compete — against children from other schools. One boy exclaimed, "This is the first time I have ever received a ribbon for anything!"

A girl was overheard to say, "I can't wait to begin practicing for next year's meet!"

A high school football coach said enthusiastically, "I have never observed a group of youngsters who worked harder with their ability or were more thrilled to train for a statewide event."

Many commented upon the manner in which the boys and girls heaped great praise on one another following each event, *never* failing to congratulate each other for their efforts.

These remarks certainly justify the inclusion of such activities in physical education and recreation programs and underline the need to expand opportunities for participation in vigorous physical and wholesome leisure-time activities by boys and girls in special education classes.

PRACTICING for Montana's Second Annual Special Education Track and Field Meet, scheduled for May 24 at Daylis Stadium, Billings.

PUNT, PASS, AND KICK

Eager anticipation mounted within the entire student body at Walworth County Special School as the date for the Punt, Pass, and Kick contest approached. It was a near tragedy if one of the students lost his identification pin prior to the contest!

This activity was designed to offer an opportunity for individual competition, to promote enthusiasm among the student body, and to provide a culminating activity for the physical education unit in football. Since the Walworth County Special School, at present, does not have provisions for interscholastic football, this competition served as a motive for additional participation and achievement by individual students.

The Ford Motor Company supplied the school with a kit identical to those furnished their dealers for the annual Punt, Pass, and Kick contests held throughout the nation.

The prizes—gold, silver, and bronze medallions—were put on display in the school foyer from the middle of September until the special awards assembly in October. The homeroom teachers' support and interest in the program fostered a great deal of the enthusiasm among the student body.

Every male student, both trainable and educable, between the ages of eight and thirteen, voluntarily entered the competition. On the day of the contest only *one* boy was absent from school. Fourteen-and fifteen-year-old boys were also given an opportunity to compete, and the school provided footballs for first place winners in these two age groups.

A total of 87 boys participated, and a large number of parents came to observe the activities.

The rules governing the regular Punt, Pass, and Kick Contest were followed with one exception. In the eight-, nine-, and ten-year-old brackets kicks were measured to the farthest point (end of roll), rather than to the point where the ball first hit.

We believe that this competition met the desired goals. The students revealed a competitive spirit, so often lacking in the mentally retarded because they are seldom exposed to this type of activity. Those who were not active participants, either because of age or sex, had the opportunity to be spectators and participate vicariously. The anticipation of competing definitely provided added incentive during the physical education classes to acquire proficiency in punting, passing, and kicking.

Thomas Ferguson of the Walworth County Handicapped Children's Education Board presented the awards to the first three winners in each event in each age bracket in a very impressive ceremony held on the school athletic field. It was gratifying to see youngsters who until this time had never experienced personal achievement, given recognition for this achievement as they received their individual awards.—Henry Donatell, *Walworth County School for Mentally Retarded Children, Elkhorn, Wisconsin.*

WRESTLING

AND TOTAL DEVELOPMENT

Gloria Hoeft, St. Coletta School, Jefferson, Wisconsin

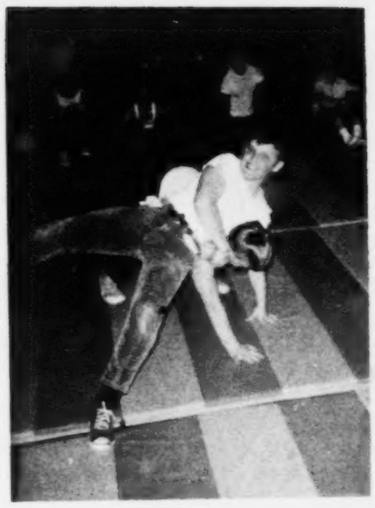
"Wrestlers ready? Wrestle!" Bob, a mentally retarded boy, gave the command, and the wrestling meet began at St. Coletta School, Jefferson, Wisconsin. The meet was the culmination of a new activity in the regular physical education program. A varsity wrestler from Whitewater State University instructed the boys in the fundamentals. In addition they practiced regularly on Saturday mornings.

The boys of St. Coletta thoroughly enjoyed wrestling. It was a rough sport, one which gave them both a physical and an emotional release. One of the boys, Chris, was afraid to try at first, for fear he would be injured. When he was told he could choose his own partner, he finally did try and selected Tommy, a passive boy, who he knew would not hurt him. The two began to wrestle and suddenly Chris found success and a release for his pent-up emotions. But he did not know how to control himself and started beating Tommy. Chris had to be pulled off and soothed until he was calm.

The next Saturday Chris was still unable to control himself. He started to beat Tommy again, and again had to be pulled off and soothed. On the third Saturday Chris repeated his previous actions, but a change occurred. When he was touched, told that he had won, and commended for a marvelous job, he flung himself around and held on to the instructor until he was calm. This was the beginning of the transformation which enabled him to master himself. By the day of the wrestling meet, Chris was able to control his aggression completely.

Chris was only one of many boys helped by wrestling. Some who did not use their physical ability fully or really exert a maximum effort were placed in situations where they were in the *down* or *disadvantaged* position, so that they would have to use all their strength to push their partner off and pin him. When opponents are evenly matched, they must put forth a one hundred percent effort at all times if they are to compete.

There were some boys who were naturally aggressive and needed rough and tumble outlets. They had been told for years to stop fighting by their parents, teachers, and group mothers, so that this need for expression had not been met. Every time someone had stopped a fight in which they were involved, aggression and hostility had built up within them. Wrestling was excellent, for it gave them an acceptable way to channel these emotions. There were only two rules: they had to stay on the mats and had to wrestle fairly. Any biting, pinching, kicking, or hair pulling led to disqualification of the offender. The boys learned to abide by the rules to keep from losing by default—for the aggressive child does not like to lose.



As the boys gained skill, they wanted to show others how well they could perform. They were promised a wrestling meet for the whole school if they practiced, and this incentive made them work hard. Two qualifying meets determined who would wrestle in front of his peers. Those who did not try and those who could not wrestle fairly were disqualified. This was a great disappointment, but those disqualified learned the importance of doing their best and of abiding by the rules.

Finally the big day arrived. The boys warmed up with calisthenics and running, just like the members of the Whitewater varsity. Two names were called; the boys walked to the center of the mats and shook hands. The referee asked if they were ready and then gave the command, "Wrestle!" If an individual pinned his opponent's shoulder down for a count of three, he won on a pin or fall. If no pin occurred, both wrestlers were declared winners. At the end of each match, the boys shook hands, and the winner's hand was raised in victory. The winners were called to the center of the mat to receive their awards, which were displayed proudly back in their wards. Some sent the awards home to their parents, who shared in the happy and proud moments of their son's success.

they develop through GOLF

Tom Priscoe
Exceptional Children's Social Club of
Staten Island, New York

Although miniature golf is found in many recreation programs for the mentally retarded, regular golf is not often so included. Realizing the values of golf, three years ago, the Exceptional Children's Social Club of Staten Island, New York, introduced a weekly golf program to its members. To date, golf activities have been confined to a driving range, but Tom Prisco, coordinator of the Club, hopes to obtain use of a course, so that skills learned on the range may be put to use. The present program grew from activities previously confined to a miniature golf course.

Prisco feels that golf is important because of its emphasis upon muscle development, timing, accuracy, and coordination. The swing requires use of the back, arms, shoulders, and hands—it helps develop every part of the body—and is fine recreation, too. Hitting a golf ball is no easy task, but regular practice at the range has brought about tremendous improvement in the youngsters, some of whom consistently drive over 175 yards. Such progress, along with consistently low scores in miniature golf, help participants build confidence in themselves and in their abilities.

Golf isn't included just to keep youngsters busy; of greatest concern is the constant development and improvement of each child. They learn to have as normal a life as possible, and have fun while learning.

Sometimes they stumbled—

FRANK J. HAYDEN
EXECUTIVE DIRECTOR, SPECIAL OLYMPICS, INC.

> —AND SOMETIMES THEY FELL. BUT THE WOMAN WITH THE KENNEDY VOICE HAD TOLD THEM TO DO THEIR BEST—AND THEY DID.
>
> —BILL BRADEN, CHICAGO SUN-TIMES

UNDER A HOT JULY SUN, in Chicago's Soldier Field, 1,000 boys and girls ran and jumped and swam their way to victory in the First Special Olympics for the mentally retarded, an international event sponsored by the Joseph P. Kennedy Jr. Foundation and the Chicago Park District. Victory—not only for themselves but for retarded children everywhere.

From across the nation they came—New Hampshire, Virginia, Florida, New Mexico, California, Washington, Colorado, Kansas, Michigan—85 groups from 25 states and Canada. And they put on a performance such as Chicago had never seen.

Every retarded child in the country was a winner that day. The outstanding efforts of the 1,000 Special Olympians has resulted in the creation of a national Special Olympic Training Program—a program which will enable millions of retarded youngsters to experience the thrills and rewards of athletic training and Special Olympic competition. The Chicago program will provide the prototype for local and regional Olympics in 1969 and the Second International Special Olympics in 1970. Mrs. Sargent Shriver has announced a pledge of $75,000 from the Joseph P. Kennedy Jr. Foundation to underwrite this program during the coming year.

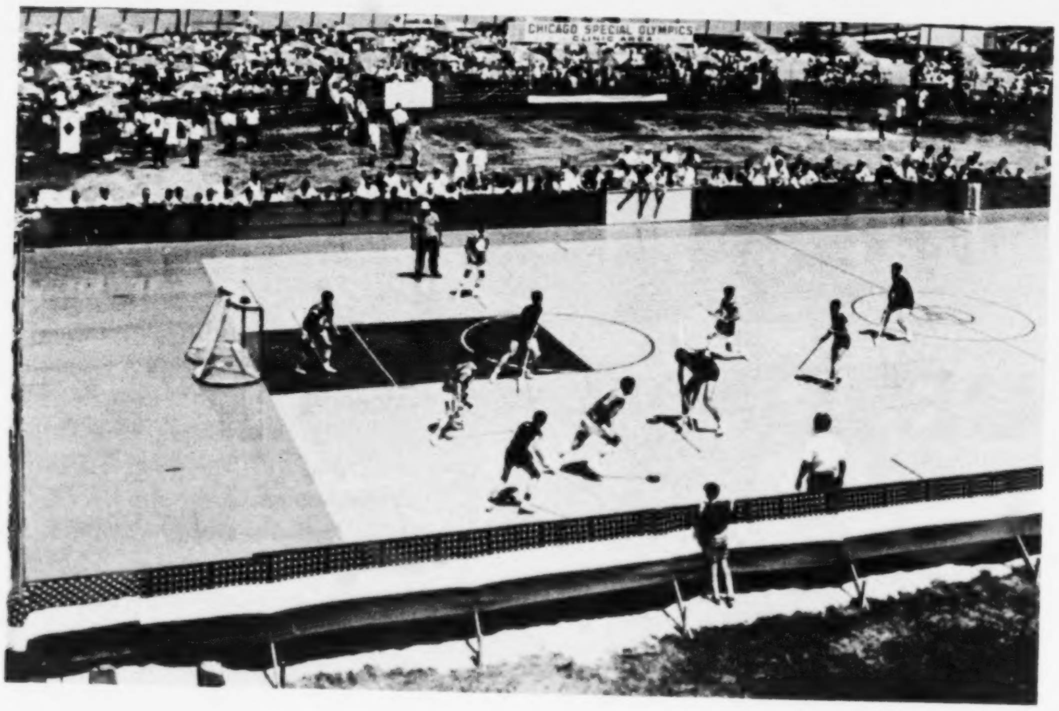
In Chicago, competition categories were determined not only by age and sex but also by ability. Competitors were required to complete the AAHPER-Kennedy Foundation Special Fitness Test before coming to Chicago. According to their scores they were assigned to the Novice, Silver, Gold, or Champ division—in one of four age groups. The events included the 50-yard dash, 300-yard run, standing broad jump, softball throw, high jump, 25-yard swim, and 100-yard swim. A total of 200 events were scheduled and performances recorded for the first three places in each.

The competition was most exciting, but it is only part of the story of the Chicago Games. Over 2,000 marched in the opening parade led by the Great Lakes Naval Training Center band. All of the Olympic pageantry was captured as 17-year-old Philip Weber carried the Special Olympic Flame into the stadium and lit a 40-foot-high John F. Kennedy Flame of Hope. As a flag bearing the newly-designed Special Olympic symbol reached the top of the flagpole, 2,000 yellow and blue balloons were released. Each carried a postcard bearing the name and address of one of the competitors, in the hope that the person finding the balloon would write to him.

Sports clinics were conducted throughout the day by a "Coaching Staff" of outstanding Olympic and professional athletes. When they were not competing, the Special Olympians could ice skate (on a special plastic surface) with Diane Holum, Barbara Ann Scott, or Michael Kirby; learn basketball skills from the Chicago Bulls, or how to jump rope from Joey Giardello; take swimming lessons from Adolph Kiefer, or a handoff from Paul Hornung. They could team up with Hornung, Johnny Lattner, Ziggy Czarobski, and Hopalong Cassady against a team of Notre Dame sophomores, or get coaching tips before their events from Rafer Johnson and Bob Mathias. World champion trampolinist Gary Erwin gave more than eight hours of individual instruction.

> **The most impressive sport spectacle ever to occur in front of this author's bifocals.**
>
> —Dave Condon, Chicago Tribune

One of the most popular spots was the 80′ x 40′ x 4′ pool installed in the stadium infield for the swimming events. Mrs. Shriver, who had spent 15 hours enroute from Paris for the Olympics, enlivened the activity there with a spirited water polo game. Then she and sister Pat Lawford joined in the fitness clinic conducted by the "Head Coach," Astronaut Jim Lovell, and the President's Council on Physical Fitness, providing a real example of "how it should be done."



A major highlight of the day was an international floor hockey match between the Toronto Maple Leafs, a trainable group coached by regular Leaf Captain George Armstrong, and the Chicago Black Hawks, coached by Hawk star Stan Mikita. It was a tough, well-played contest, with the American youngsters coming from behind in the last minute of play to gain a 6-6 tie. Said Armstrong: "I've never seen any group of kids play with more heart than these guys."

Officials from the United States and Canada were so impressed in watching the performance of these young hockey players that they have approached the owners and Clarence Campbell, president of the National Hockey League, to establish an International Floor Hockey Tournament for the retarded. Entries would be sponsored by each of the N.H.L. teams. Plans call for the first tournament to be held in Toronto early in 1969.

Home for the athletes during their three days in Chicago was Special Olympic Village — Avery Brundage's La Salle Hotel. By Saturday night, when they were Mr. Brundage's guests for a victory dinner, they had won the heart of every waiter, elevator operator, and bellman in the hotel. Said one chaperone from Indiana: "Many of the staff showed affection to the children as though they were their own. Their first exposure to and awareness of retarded children was a memorable one. They couldn't have been nicer to our youngsters."

The La Salle's Grand Ballroom became the "training table." Dinner was followed each night by entertainment, music, and dancing. Some of the most outstanding performances were on the dance floor—even after a long day of Olympic competition.

It is interesting to note that among the 1,000 children there was not one serious medical problem all weekend. Although the First Aid Center at Soldier Field was a beehive all day Saturday, the problems were no more seri-

> **Soldier Field has been the scene of many spectacular sporting events.**

But the fights, games, meets... would never match the Special Olympics.

—Jim Kernaghan, Toronto Star

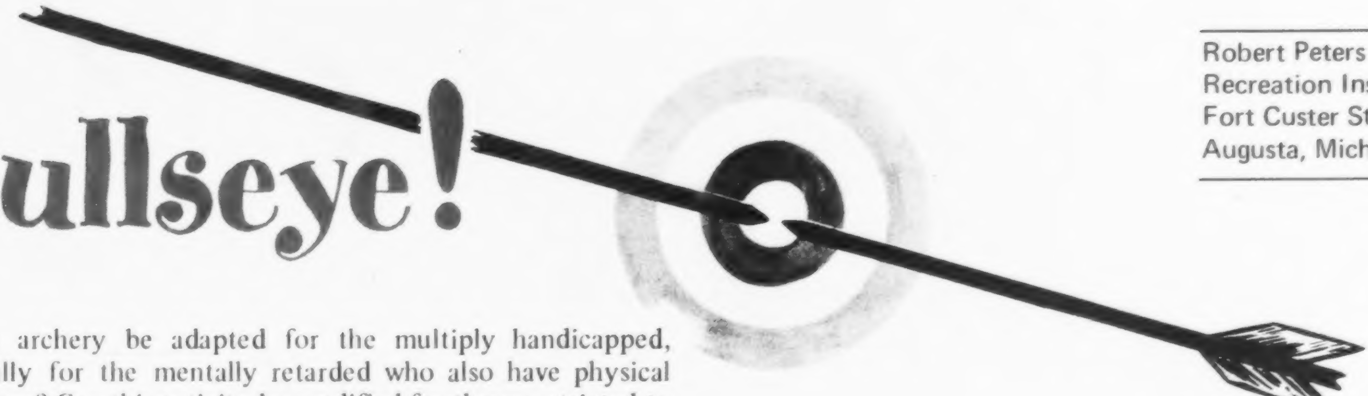
ous than scrapes and bruises and too much sun.

The reactions of those who traveled with the athletes were unanimously enthusiastic. All have vowed to return in 1970 with a bigger and better team. In many communities children are training now for local and regional Special Olympics scheduled for next summer. Some groups have already arranged sponsorship for their team for "the big one" in 1970. There is no question that many records will fall at the Second Special Olympiad when more than 2,000 entries are expected.

It is impossible to describe the emotion that filled Soldier Field on July 20, 1968, as the Chicago Special Olympics drew to a close. One official said recently: "Thinking about it still puts a lump in my throat." Athletes, coaches, officials, and chaperones marching hand in hand — children wearing the medals they had won, beaming as they flashed their victory signs to the crowd—2,000 people linking hands to sing "Auld Lang Syne" as the flags were lowered, the Olympic Flame was carried from the stadium, and the athletes were asked to reassemble in two years—and, finally, three rousing cheers!

As the *Chicago Tribune* said the next day:

It was a beautiful thing. It was very nice.



Bullseye!

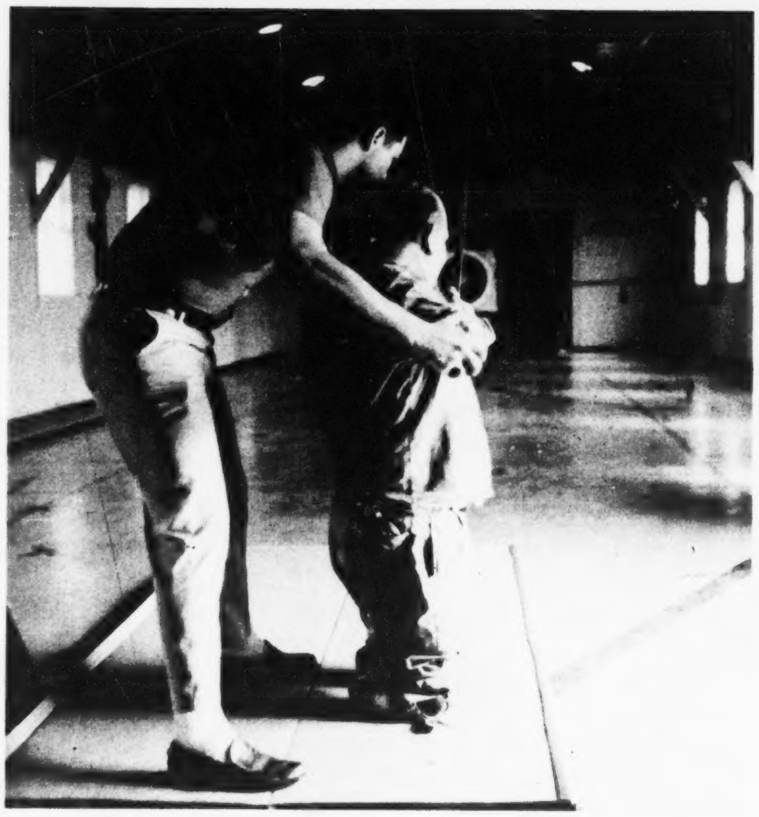
Robert Peters
Recreation Instructor
Fort Custer State Home
Augusta, Michigan

Can archery be adapted for the multiply handicapped, especially for the mentally retarded who also have physical handicaps? Can this activity be modified for those restricted to wheelchairs? For those who must stand on their knees? It has been done at Fort Custer State Home in Augusta, Michigan, where 6 classes of young men (7 per class; mean age 21 years) meet weekly. This class size has created no unusual administrative or supervisory problems and has even worked well indoors.

One problem encountered early in the program was to teach students to nock an arrow–to place an arrow on the bowstring with the cock or (odd color) feather at a right angle to the bow. This was difficult because some of our men could not distinguish colors and could not understand why this placement was necessary. A small piece of tape was placed on the nock (groove on the arrow that fits on the bowstring) directly behind the odd color fletching (feather) to reenforce proper placement of the arrow on the bowstring.

Another major problem was to make residents realize they must pull the bowstring across their chest to an anchor point on the chin. Most wanted to pull the bowstring toward the nose so they could look directly down the shaft of the arrow and watch it in flight. This habit was quickly broken by not providing arm guards. After bowstrings scraped forearms a few times, each young man was more than willing to keep his pulling arm up and level with an anchor point on the side of his face at the chin. *Creeping* (letting the shooting hand move forward before release) was overcome by continued and dilligent practice.

These procedures differ little from methods and approaches used by all archery instructors. However, how can one approach students in wheelchairs and those who cannot control their hands or fingers for a normal bow pull? We learned during the first class session that our residents in wheelchairs were very adept and could handle themselves well in a variety of activities and situations. A few versatile and agile residents leaned over their chairs and shot with bows in a vertical position. Those who were unable to lean over their chairs fashioned their own means of holding the bow, and shooting. Many leaned slightly forward in their chairs and held bows in a horizontal rather than vertical position.



What adaptations and modifications can be introduced for those who have trouble controlling their hands and fingers and cannot pull the bow string with three fingers? Our young men did not let this deter them. They simply put the nock between the thumb and index finger, allowed the hand to rest upon their knee, extended the bow arm while leaning forward, and slowly moved the drawing hand back along the leg. They hit the target over 50 percent of the time. The hardest problem for our men was to keep the bow arm steady in a horizontal position, but this too was overcome by continued practice and perseverance.

Archery has been of great benefit to these men. They find it to be an enjoyable activity. When they achieve just the slightest bit in archery, spirits soar and they look forward to coming back another day so they can take part, succeed, progress, and improve even more.

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INDOOR FLOOR HOCKEY

James Knecht
Activity Therapy Service
Lincoln State School
Lincoln, Illinois

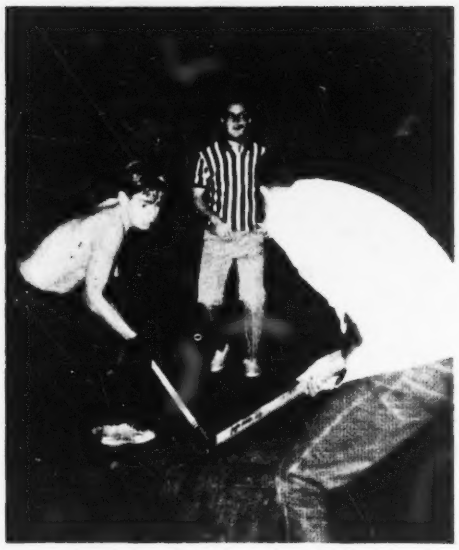
For years the athletic program at Lincoln State School (Illinois) suffered a lag and let-down between flag football and basketball seasons. The staff recognized the need for an activity to fill this gap and searched for an appropriate substitute. Some years, we started basketball early; other years we reserved November for conditioning exercises and calisthenics. Exercises and calisthenics bored the students and the basketball teams grew stale because of the longer season. Last year, we finally discovered a suitable interim activity—indoor floor hockey.

We allotted two weeks for this activity, which was easily organized and extremely popular. The entire gymnasium was used as a hockey arena, with the center line on the basketball court separating offensive and defensive areas. However, modified areas such as game rooms and classrooms can also be used for floor hockey.

In general, regular hockey rules are used, although some modifications are necessary. The game itself is divided into three periods of three to six minutes each, depending upon the age, interest, ability, and attention span of the players. The referee initiates action by tossing the puck into the center circle, where two opposing centers try to get control of it and pass it to a teammate. Action continues until, as in ice hockey, each time the puck goes into the goal or net and a point is scored. Various rule infractions carry penalties of one to four minutes: raising the hockey stick above the waist; attempting to injure an opponent; disputing the referee's decisions; and using objectionable language. All of the rules are flexible and can be completely changed or adapted to suit different situations and meet individual needs. For example, we played two games simultaneously and alternated teams during each of the six periods. Two teams played the first period, rested before resuming play in the third and then in the fifth periods; two other teams played during the second, fourth, and sixth periods.

Competition was organized so that four flag football team rosters were kept in tack for hockey play; teams consisted of six players and four to six substitutes. Each team carried its football name and captain into the hockey program to expedite organization of teams and to capitalize on the sense of pride and team spirit developed during the football season. Each team played 12 games, scheduled in four rounds over the two-week period.

Floor hockey has been extremely popular and appealing—an important consideration when choosing activities or devising athletic programs for the retarded. Perhaps the most significant point is that floor hockey proved to be appropri-



ate for our EMR students even though the participants represented a wide range in age (10-17 years), size (A-H for 10-14-year-olds and A-C for 15-17-year-olds, according to the AAHPER Classification Index), and ability. Most of the boys became competent players in a short time and were able to become valuable team members. The most successful players also achieved excellent results on the AAHPER Youth Fitness Test; the leading scorers in hockey all scored above the 90th percentile on several test items. However, many students with below-average test scores were able to compete successfully in floor hockey; almost every student who participated achieved some degree of success. Floor hockey held the interest of our students, promoted cooperation and sportsmanship, contributed to physical fitness, and satisfied our need for an interim activity.

Floor hockey has been just as popular with the girls as with the boys at Lincoln State School. Although competition was not on an organized team basis, this is in the planning stage for the future. It should be noted that girls field hockey lead-up games and activities can be played successfully, using floor hockey equipment.

There need be no concern for the safety of students who play floor hockey. Several companies have designed safety pucks and developed simple, clear-cut rules which help to prevent injuries and provide activity in a safe and enjoyable sport. The necessary equipment is also relatively inexpensive.

Floor hockey is a valuable activity that can be easily organized, conducted at low cost, and can serve wide ranges of EMR and TMR students. It is a further example of the beneficial effects of participation in vigorous physical activity on the well-being of the mentally retarded and shows how they can benefit from competitive athletic experiences. This may be one of the first organized hockey programs for the retarded—and we hope it may serve as a model. We intend to continue to use floor hockey as an interim sport in years to come and encourage other school districts, centers, and institutions to introduce similar programs to satisfy another of the many needs of the mentally retarded and to promote physical fitness through participation in competitive athletics.

John Gorton
Recreation Department
Dr. Joseph H. Ladd School
Exeter, Rhode Island

Playing it COOL

A totally unplanned, 12-week ice-skating program gave residents of Dr. Joseph H. Ladd School in Exeter, Rhode Island, a new, exciting, and challenging physical recreation activity last winter. This program was introduced after a trip to a local indoor skating facility where a recreation worker and the boys' physical education instructor noticed that 12 of 15 boys showed remarkable aptitude for the sport. These members of the staff felt that with regular practice their students could become good skaters. The rink manager generously offered use of his facility and provided rental skates without charge for each 90-minute session.

As many residents as possible, regardless of age or sex, were included in the program. Forty-four of the fifty-five participants—low trainable to educable, 10 to 50 years of age —skated approximately twenty yards unaided. Some skated well without assistance the first session; others improved through perseverance and practice.

The problem of finding correctly-fitted skates for all residents was solved when 15 pairs of skates of various types and vintages were salvaged from an equipment room and sharpened in the carpenter shop. Initially a great deal of the limited skating time was needed to fit and lace skates after arriving at the rink. Much skating time was gained by having recreation leaders fit and adjust skates for residents during the drive to the rink. Athletic socks were used to combat variations in foot widths and shoe sizes which caused loose fitting skates. Bulkiness of the socks not only assured tighter fits but, when worn over thin socks, relieved pain and blisters

* * *

caused by rough surfaces inside the skates. Athletic socks also made handy substitutes for forgotten mittens, reduced the number of minor hand scrapes from falls on the ice, and helped keep hands warm. Any pain or discomfort deterred efforts and reduced the pleasure of skating. Both residents and recreation leaders had their share of falls, but no injuries were suffered during the program.

However, problems which inevitably arise in any new program were prevalent. Since the skaters' demands for help in getting started could not be met with an average of 28 skaters and only 6 or 7 instructors per session, folding steel chairs with rubber-tipped legs were used to provide needed support for the would-be skaters. Recreation leaders gave brief instructions on how to stand on skates and push the chair across the ice. As the skaters improved they were urged to move on their own without the aid of a chair. Residents who showed no aptitude for skating were seated on chairs and pushed across the ice. These short, twisting rides provided pleasure, excitement, and rewarded their efforts.

Hockey sticks also provided support and promoted balance. Later, sticks were used with pucks to add activity and provide incentive for practicing and improving skills.

A great deal of individual success was noted in all categories—trainable as well as educable, boys and girls, and at all age levels. Six educable girls, ages 20-22, skated well after 2 or 3 hours of practice. One skated well immediately; another skated easily and gracefully with a recreation leader as her partner during the second session. Near the end of the program 5 trainable boys who had shown little aptitude for any type of physical activity were taken to the rink. Their chances for success were considered slight, but two skated well and all seemed to enjoy the activity. Obviously, lack of intellectual ability need not affect levels of physical fitness and motor development of the retarded or their readiness to respond to new challenges.

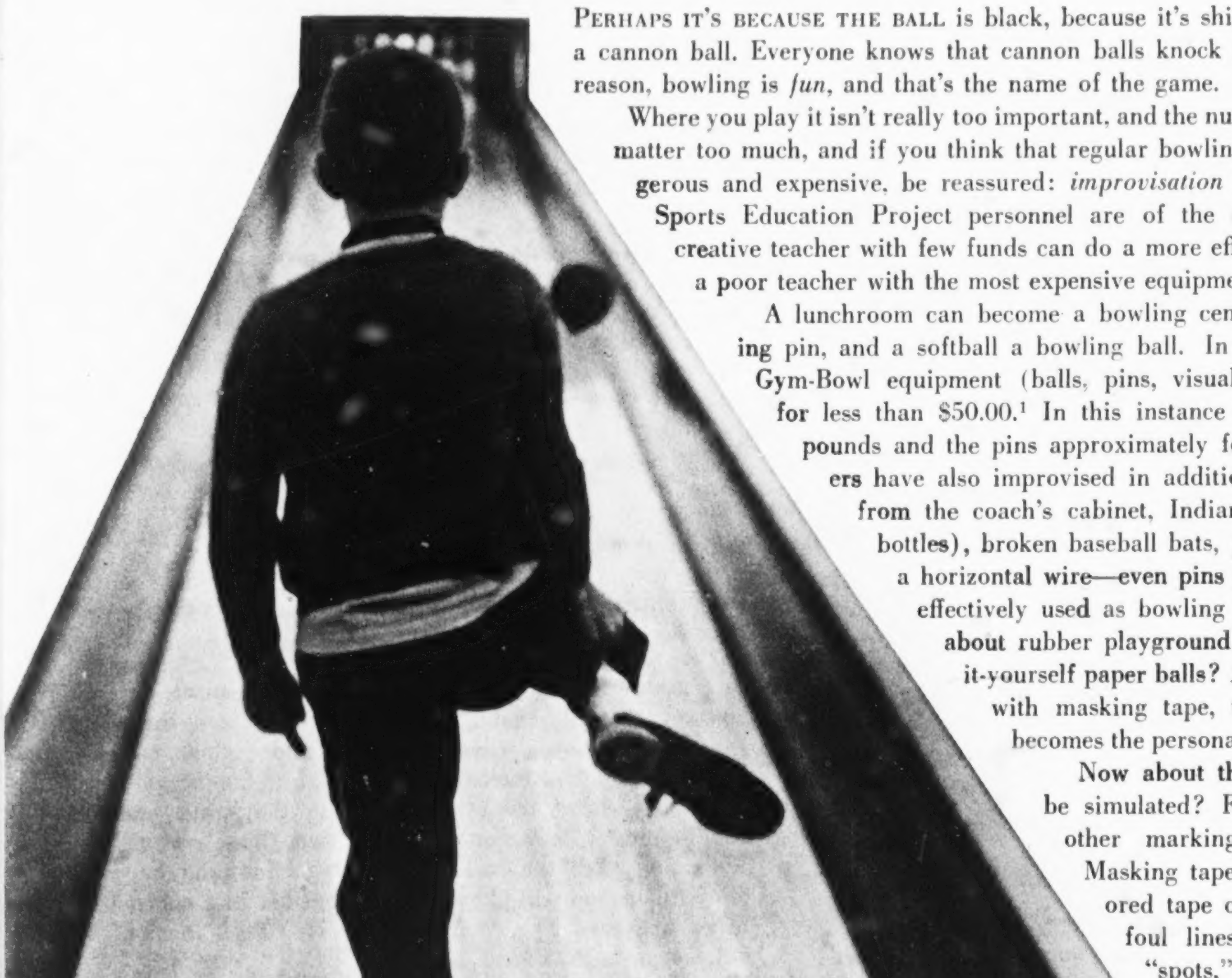
Ice skating provided exercise and activity which increase coordination, concentration, poise, and balance, inspires self-confidence, and promotes development of strength and endurance in many muscles, especially those of the legs, back, and arms. Watching others in the group skate successfully provided beginners with incentive for self-improvement. Those who developed some degree of skill were exhilarated and satisfied by the fast movement attained while gliding over the ice. Many skated for the sheer fun of it. At the end of every session over half the participants were still on the ice; everyone wanted to go around "just once more." This was only one response to the thrill of individual success and accomplishment.

Indoor ice-skating rinks which operate 8 to 10 months a year in many localities make available low-cost physical and recreational activity for mentally retarded children, adolescents, and adults. Skating can provide a valuable leisure-time skill for retardates returning to the community. It can offer healthy, wholesome physical recreation—a basic ingredient in the successful re-establishment of residents into the life of any community.

Bowling

Experiments with Bowling

For young and old, with simple or expensive equipment, with improvised or official rules, bowling is fun for the retarded and is an excellent activity for developing coordination and social awareness. Challenge presents on these pages a group of articles describing successful experiments with bowling. Author of the lead article below is Ralph Allen, coordinator of university and college programs, American Machine and Foundry Co.



PERHAPS IT'S BECAUSE THE BALL is black, because it's shiny, or because it resembles a cannon ball. Everyone knows that cannon balls knock things down. Whatever the reason, bowling is *fun*, and that's the name of the game.

Where you play it isn't really too important, and the number of participants doesn't matter too much, and if you think that regular bowling equipment might be dangerous and expensive, be reassured: *improvisation* is the password! Lifetime Sports Education Project personnel are of the opinion that an informed, creative teacher with few funds can do a more effective job of teaching than a poor teacher with the most expensive equipment.

A lunchroom can become a bowling center, a milk carton a bowling pin, and a softball a bowling ball. In a more sophisticated vein, Gym-Bowl equipment (balls, pins, visual aids) may be purchased for less than $50.00.[1] In this instance the ball weighs only four pounds and the pins approximately four ounces. Creative teachers have also improvised in additional ways. Tape containers from the coach's cabinet, Indian clubs, soakies (detergent bottles), broken baseball bats, plywood pins suspended on a horizontal wire—even pins painted on canvas—can be effectively used as bowling pins. Bowling balls? What about rubber playground balls, volley balls, and do-it-yourself paper balls? A wadded newspaper bound with masking tape, then painted and initialed, becomes the personalized property of the maker.

Now about the lane: how can this item be simulated? Forget the gutters; put the other markings on the playing area. Masking tape and pressure-sensitive colored tape can be utilized to designate foul lines, range finders, approach "spots," and pin deck. Both white and fluorescent colors will be available and effective. No matter if the lunchroom is not long enough and the cement playground too uneven. You simply foreshorten and do what is possible. It can be fun under varying conditions, and fun is knocking something down.

The boys and girls are going to learn how to bowl—perhaps not bowling as you and I may know it but, nevertheless, it will be bowling to them. Assuming that all will start their bowling careers by learning basic movement—walking, sliding, throwing—we must expect individuals to progress at different rates. Many will eventually find their way to the commercial bowling center and become as skilled as the normal person, while others may not progress far beyond the initial one-step delivery which involves softballs and milk cartons in the lunchroom bowling center. In between these two extremes there will be the opportunity to utilize teaching stations through which the student may be rotated. A logical sequence may well include the following concepts and progression:

1. Exploration and problem solving involving the throwing motion and body movement. A box with the bottom cut out, a foul line, and a ball provide the opportunity to develop hand-eye coordination. The question posed of the student is: "Can you make the ball go through this box?" As can be seen, the solution to the problem involves both an underhand throw and a bend at the waist. (Should the child use a two-handed delivery with a body rotation, the ball is probably too large. Substitute a tennis ball and a one-handed bowling delivery will probably result.) The bowler must also make a decision regarding feet and limbs. Obviously most of the group will stand at the foul line to deliver the ball with one or no steps. Either foot may be ahead. Initially only a few corrections will be necessary, since the object is to develop understanding and hand-eye coordination. Accuracy is involved only in the broadest sense.

2. Adding accuracy. A second box with the center one-half cut out may now be placed a few feet beyond the first box. The object is to make the ball pass through both openings. (See Figure 1.)

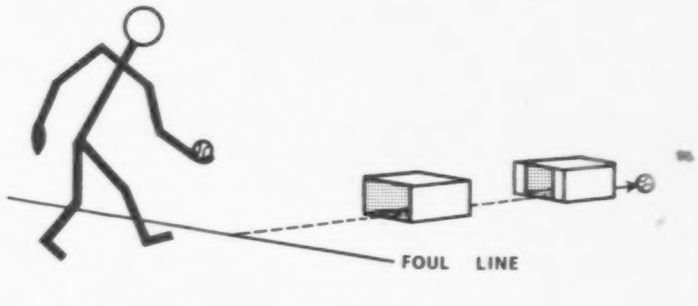


Figure 1

3. Teaching arithmetic and the bonus system. Still a third box may be added with three compartments painted different colors. A ball which passes through the various boxes may be scored as indicated. This calls for bonus throws as in regular bowling. (See Figure 2.)

4. The one-step delivery (hand-eye-limb coordination). After establishing whether the student is right- or left-handed (with which hand do you hold a fork?), the individual stands at the foul line with the foot opposite his throwing arm slightly back of the other. Using a softball, paper ball, or other type of small ball, let the throwing hand hang to the side, body bent forward at the waist. Now issue the command: "Let the arm swing forward, back, forward, *roll the ball!*" Buddy systems are to be used—one rolls ball, the other stops it with the foot.

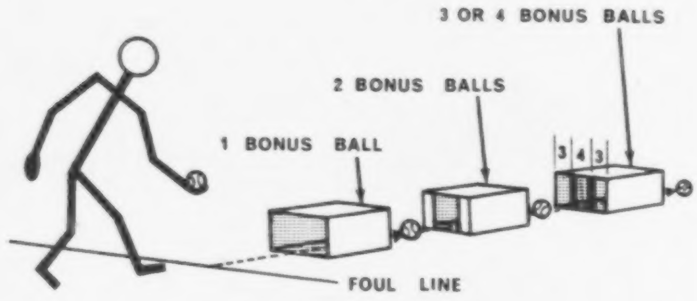
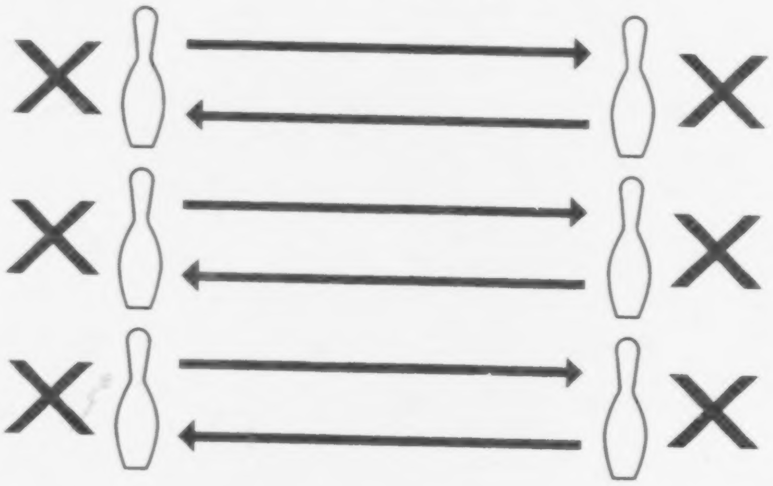


Figure 2

In the next station or lesson, the push-away can be taught in lieu of the pumping arm motion. The command is: "Push the ball out, down, back, *step!*" or "Push the ball out, down, back, *roll!*"

Games can involve both individual and team competition. After setting up the buddy system, one pin can be placed in front of every person and the one-step delivery used to determine aggregate score as each bowls a specified number of turns. Boys can also bowl against girls.



5. The four-step delivery (for advanced students).

a. Learning to walk. Using a drum beat, "one, two, three, *four*," the following movement can be added: "one, two, three, *slide!*" Also introduce music with a 4/4 beat.

b. Walk and swing the arms. Again to the drum beat and/or music, the cadence is "one, two, three, *swing!*"

c. Walk and push the ball away. Using a softball once more, the group will put the pieces together in a coordinated delivery. The command now is: "Push the ball out, down, back, *slide!*"

Variations of the oral commands are used to emphasize either the arm or the foot movement. For example, if the emphasis is on the foot, the count can be "one, two, three, *slide!*" Cue words are always ahe same: "Ready, let's go!" If the complete arm movement is not coordinated with the foot movement, practice the commands "One, two, three, *roll!*" or "Push the ball out, down, back, *roll!*"

Games using one, two, or three pins may be introduced. As with the one-step delivery, it may be an individual or team competition.[2]

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[1] Cosom Corporation, 6030 Wayzata Boulevard, Minneapolis, Minnesota.

[2] For additional games see *Gym-Bowl Manual* and *How We Do It Game Book*, both published by AAHPER.

EDITOR'S NOTE: *Until recently, Ralph Allen, author of the above article, was assistant director of the Lifetime Sports Education Project of AAHPER.*

BOWLING AT BRAINERD STATE SCHOOL AND HOSPITAL

RICHARD W. ENDRES, PATIENT PROGRAM SUPERVISOR

Bowling, a sport that can be enjoyed during one's leisure for a lifetime, has come to Brainerd, Minnesota, State School and Hospital. A number of the residents are being instructed on two new alleys in the campus Rehabilitation Center as a part of the curriculum in physical education classes.

Bowling is a tangible recreational activity that benefits the long-term institutionalized resident or the one being prepared to return to the community. It is important to instruct the resident before he returns to the community, for once back in the community it is unlikely that he will on his own initiative take up leisure activities like bowling. Most mentally retarded will be too self-conscious about their shortcomings to expose themselves to the threat of ridicule and possible failure. Alleys located on the campus enable the staff to include a wide variety of resident participation, not just the selected few who would be able to enjoy this activity on off-campus lanes.

Many residents are lacking in various kinds of coordination. Bowling is an excellent activity for helping to develop coordination as well as promoting social awareness. Learning to take turns and to keep score are additional benefits derived from the program.

We have developed a set pattern of instructing our residents to bowl.

In the first phase, a standard one-two-three-slide rhythm is developed. When this is accomplished, a coordinated arm motion is combined with the footwork.

When a fair semblance of this rhythmic approach is attained, a light-weight rubber bowling ball is introduced to obtain the feeling of rolling a ball as practice of the approach continues.

I will often talk the resident through the proper arm motions while he is walking his four-step approach: "One—swing down—swing back—and *roll.*"

When the resident has become somewhat proficient in delivering the rubber practice ball properly, he is fitted with a regular bowling ball and then applies the same steps and procedures on the alley itself. After determining the type of roll the resident performs (the straight ball is stressed, unless the resident rolls a natural hook), he is "spotted" on the approach relative to his delivery. He is then instructed about his "spot" (diamond) on the alley bed itself. Practice continues in rolling the ball across the proper spot to bring it into the strike zone. All practice up to this point is done without the use of pins to allow the resident to concentrate on his coordinated approach, delivery, and spot. The final step before rolling at the full set of pins is to practice with only the 1-2-3 pin pocket, and then the two corner pins. The resident is instructed to move to the opposite side of the approach and roll the ball cross-alley over his spot to convert the respective corner pins.

Our more capable residents move through these steps in approximately six to eight one-hour sessions. Some residents are retained at various levels of instruction for needed additional practice. When additional practice is needed, it is usually at the rubber practice ball stage or in attempting to deliver a regular ball with the properly coordinated rhythm.

When the resident has shown a fair degree of ability and understanding of the game, he is issued an open bowling privilege card, which enables him to open-bowl on evenings and weekends. He is usually at this point discontinued from regular bowling classes. Additional residents are then brought into the program. Our bowling program at Brainerd State School and Hospital has been in operation for approximately one year. At present, 58 male and 14 female residents hold open bowling privilege cards. An additional 140 residents are enrolled in current bowling classes.

A bowling tournament was conducted during three weekends in January 1967 for the 72 residents with open bowling status. The top five female and top five male residents then bowled a match game series with a community team. A similar tournament has just been completed in February. Only one male and two female bowlers were successful in reaching the top five in both tournaments. Our top five male bowlers hold an average of 142 while the female average is 113.

At the outset of our bowling program only two male residents indicated previous bowling experience. Upon trial, however, they showed little or no ability in delivering the ball with a coordinated approach. None of the other residents had ever bowled before.

We believe this initial introduction to bowling has proved quite successful for our residents. Their enthusiasm and their feeling of accomplishment have been extremely high.

AN EXPERIMENT WITH BOWLING SKILLS AND THE MENTALLY RETARDED

MAUREEN T. MAGEE, SPECIAL EDUCATION TEACHER
TALCOTTVILLE SCHOOL FOR RETARDED CHILDREN
TOWN OF VERNON SCHOOLS, ROCKVILLE, CONNECTICUT
(FORMERLY AT MAPLE STREET SCHOOL, ROCKVILLE, CONNECTICUT)

The purpose of this study was to determine the ability of mentally retarded children to execute bowling skills and to demonstrate the effect of training and practice on the development of these skills. Subjects consisted of nine children (two boys and seven girls; CA 7-9, MA 3-7) enrolled in a class for the educable mentally retarded. One child was diagnosed as emotionally disturbed, two as perceptually handicapped, and one as trainable with an IQ below 50; one had cerebral palsy involving all four limbs.

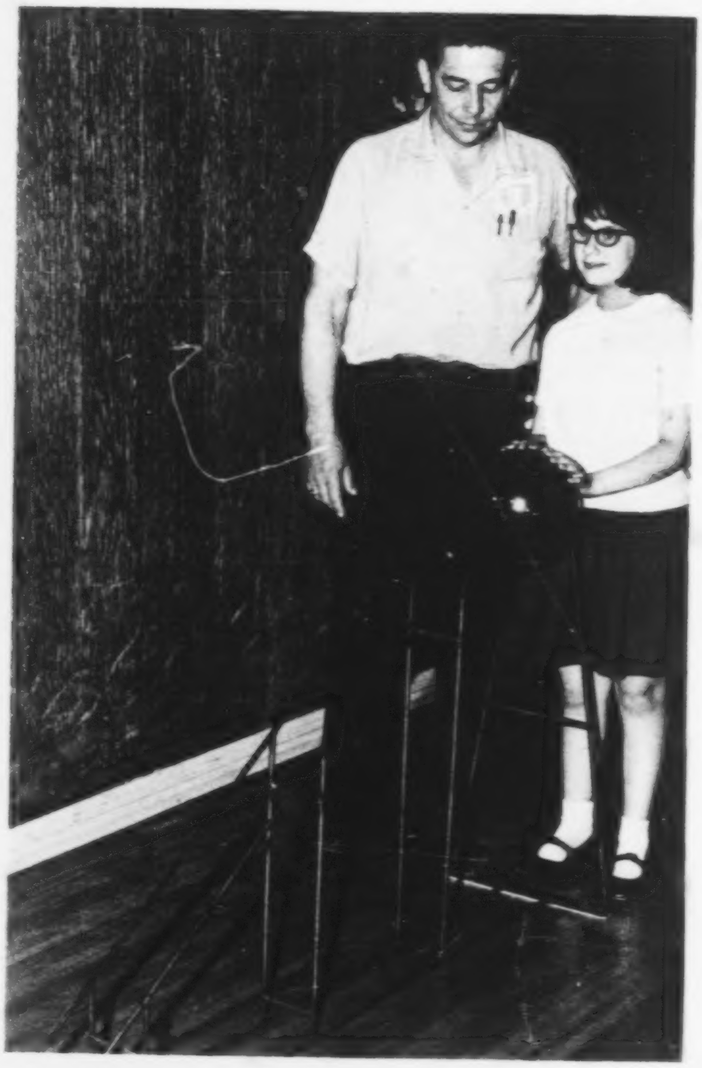
Ten plastic animal figures eight inches high were used as pins. Each of the subjects had his own bowling ball made of crushed newspaper and wrapped with masking tape. All activities were carried on in a regular classroom. Each child first demonstrated his ability to roll a rubber ball at a large stuffed animal placed on the floor. Without further training, subjects rolled the newspaper ball at the 10 pins. This was done at a distance from which each child could hit the pins. Exercises were then performed on nine consecutive school days and consisted of the following:

1. Swinging the ball back and forth alongside the body, first without and then with music,
2. Bouncing to music while holding the ball,
3. Swinging the ball to music with the nondominant foot placed forward, and
4. Combining the arm swing and foot position while bending correctly.

Five additional trials were administered during the nine-day exercise period. Children were permitted warm-up shots when needed, and all trials were directly preceded by the bowling exercises. Criterion for success was based on knocking over six or more pins at any given distance.

Eight of the nine subjects improved by increasing the distance from the pins at which they were able to knock over six or more. All children enjoyed the bowling and the exercises involving basic skills. On the seventh day, however, several children began to lose interest in the exercises. There was no relationship between intelligence level and loss of interest in exercises.

The results of this experiment indicate that through bowling and practice of bowling skills, motor educability of these mentally retarded subjects was improved. Since the materials used were of no expense, this type of activity can be carried on in any classroom. Plastic bottles or milk cartons may also be used as pins. Despite the small number of subjects and limited duration of the experiment, the investigator feels that the procedures and approaches are applicable to other groups of similar composition. Additional studies dealing with the retentive capabilities of these children and the degree of improvement over a period of time are recommended.



THIS BOWLING TRAINER AND AIMING DEVICE *has been developed by Virgil Napiecek, Nodaway Lanes, 5th and Market, Maryville, Missouri. It has been used successfully with the mentally retarded and the physically handicapped. Additional information about its construction can be obtained from Mr. Napiecek. For mimeographed drawing of the plans, write Unit on Programs for Handicapped.*

BOWLING

It matters not to Thomas Prisco and his pupils how slowly the ball rolls down the bowling lane. What is important is the opportunity that bowling offers for exceptional children to participate with others. Nearly 100 mentally retarded children, under the guidance and tutoring of Prisco, gather each Saturday at the Colonial Lanes on Bay Street in Staten Island and bowl on lanes reserved for them. In addition to bowling, golf, swimming, ceramic projects, and jewelry making are integral activities in the program of the Exceptional Children's Social Club. Mr. Prisco, who has devoted 13 years to aiding retarded children, invites correspondence to exchange programing ideas. His address is 34 Dongan Hills, Staten Island, New York.

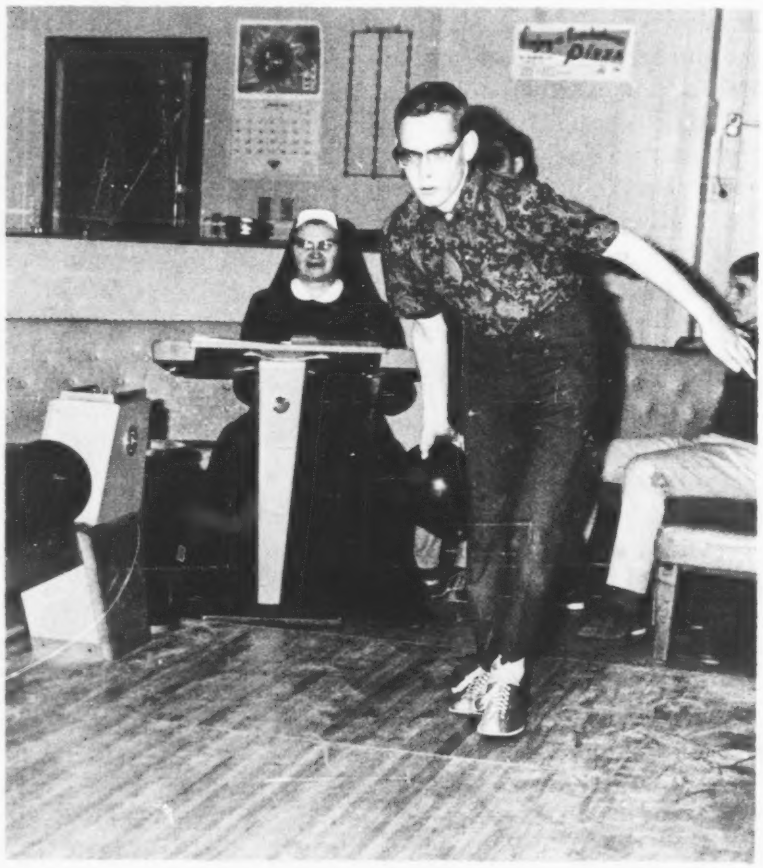
NATIONAL MAIL-A-GRAPHIC BOWLING TOURNAMENT

The first National Mail-A-Graphic Bowling Tournament for the Mentally Retarded was an unqualified success as an initial venture for a project of this type. Educable and trainable mentally retarded from 41 states, the District of Columbia, and from five American Overseas Dependent Schools in Germany took part (in 28 different classes); 4,918 individuals participated in the tournament.

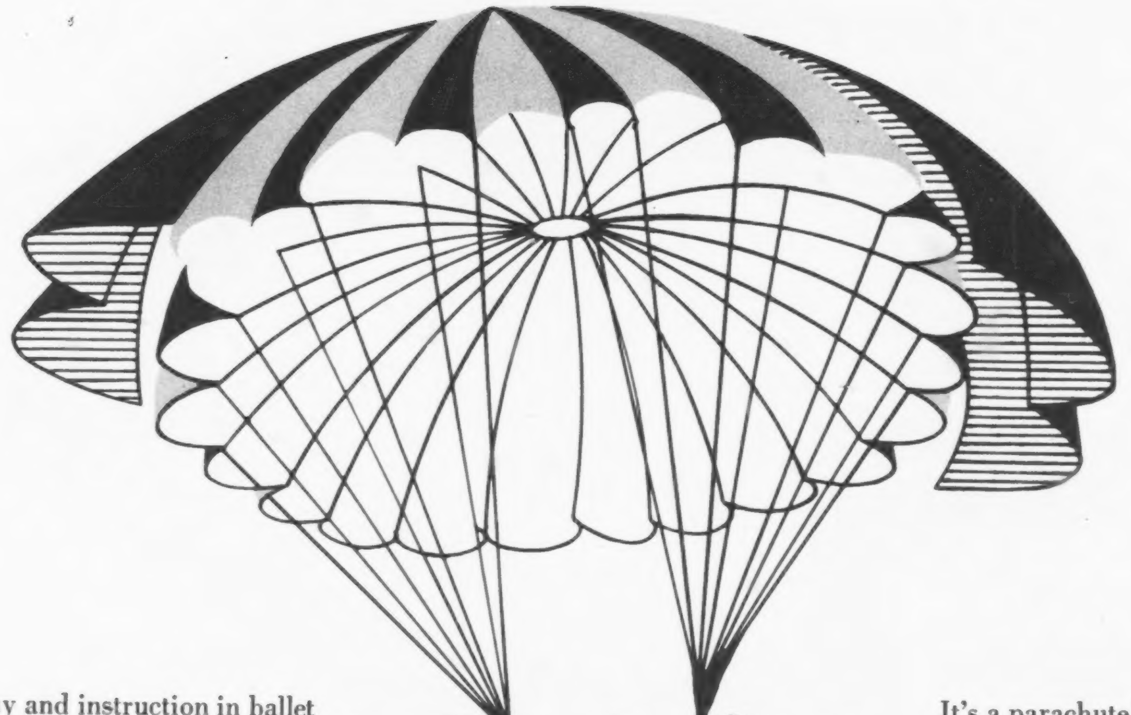
Orient State Institute (Orient, Ohio) won the organization participation award with 310 entrants; Elwyn Institute (Media, Pennsylvania) was second with 196, and Brainerd State Hospital (Minnesota) third with 112.

The high caliber of results (*male*—550 high set, 221 high game; *female*—446 high set, 185 high game) shows what the retarded can do when they are given the opportunity. When people do care—when they stress ability rather than disability and are willing to help—the retarded can achieve and progress. More retardates need to take part in vigorous physical activities and wholesome recreational pursuits. It was with this end in mind that the Project on Recreation and Fitness for the Mentally Retarded and the Bowling Proprietors Association of America joined forces to sponsor the Mail-A-Graphic Bowling Tournament. The tournament cannot be the end—it must be the beginning. Those responsible for physical education and recreation programs for the retarded must include more activities of this type for all groups within their schools and communities. Parents must be encouraged to do likewise and to take their retarded youngsters bowling more often. Those responsible for administering facilities must be encouraged to provide time and space for the retarded.

PARTICIPATING at St. Coletta School (Jefferson, Wisconsin) in the First National Mail-A-Graphic Bowling Tournament for the Mentally Retarded.



Dance



parachute play and ballet

Apparatus play and instruction in ballet were outstanding in their popularity with campers at Camp Friendship, Sunnyside School, Tulsa, Oklahoma. Apparatus included scooter boards, tires, ropes, and a decorative cargo parachute. The "chute" was a favorite piece of equipment that brought laughter and excitement and much vigorous activity to the children (CA 6-16) during their daily program of physical fitness and fun. The parachute was introduced to the younger children at a time when they were sitting in a circle on the gymnasium floor. The teacher pulled a big box into the center of the circle and in a mysterious voice suggested they guess its content. "It's a surprise," she said. One observant little boy guessed a television set, pointing excitedly to the picture of a TV on the box. "No, but I'll give you a hint—it makes a big circle and you see it in the sky!" "I know! It's a balloon," cried a little girl. Others took up the chant, "A balloon! A balloon!" "No. Look," and the teacher pulled an edge of the chute from the box. The children crowded in close— "It's material!" Disappointment sounded in their voices. "One more hint," said the teacher. "What do you use if you jump out of an airplane?" "I know! It's a parachute! Is it a parachute?" asked David, who always knows everything. "Are we going to jump out of an airplane?" he asked. "No, David, we're going to play with it!" The teacher pulled the chute out of the box and with the help of the counselors and teenage volunteers spread it flat on the floor. With a little encouragement the children felt and smoothed the chute, stretched out on the nylon, and enjoyed the cool silkiness of its texture and the paint that camouflaged its khaki color. Now they were feeling secure and familiar with the surprise and anxious to know what was next! The children were again seated on the floor, and the volunteers took positions around the outside edge of the chute. Then the children were called to fill in the spaces between the volunteeers. Following the teacher's example, everyone assumed a starting position by stooping or squatting, while grasping a panel of the chute with the hands turned palms down. The teacher slowly counted, and on "three" everyone stood up, lifting the chute high into the air. As it billowed out like a big umbrella high over their heads, the children were pulled to their tiptoes with arms stretched. The chute settled slowly on the floor, to be lifted once again and thrust into the air amid excited whoops and sighs of satisfaction when it went unusually high.

Pat Nelson, Camp Friendship, Sunnyside School, Tulsa, Oklahoma

Later the children were shown other chute stunts and games: how to make waves, how to make it mushroom, and how to use it for "fun" isometrics. A ball was bounced across the floor under the soaring chute. Children purposely left outside the circle ran, crept, or crawled under the chute as it rose, hurrying mightily so that it wouldn't descend on them. Instruction in basic movement was incorporated into the parachute play, and the children were encouraged to devise their own games and innovations.

For an added thrill, the chute was taken to the play yard. After the initial upward thrust, the children released their hold and let the shroud strings trail through their fingers, which sent the chute even higher and actually lifted the smaller children into the air.

Parachute play is exciting, fun, and good exercise for developing upper body muscles. It requires team work and coordination among as many as fifty children who actively participate at the same time.

BALLET AND DANCE

Daily instruction in ballet exercise and creative dance brought enthusiastic response from the boys as well as the girls at Camp Friendship. The instructor was Cathy Erskine, a senior at Will Rogers High School and a member of the Tulsa Civic Ballet. Girls (CA 7-14) listened intently to directions and then energetically, if not always gracefully, bent over, stretched out, pushed up, and pointed toes with Miss Cathy. They learned to sit and curtsy like dancers, walk on toes, make bridges, leap like frogs, sway like trees, and swirl like snowflakes. They listened well, used their imagination, and felt as beautiful as "Miss Cathy." Each little girl exerted herself to do just as *she* did—their aqua blue leotards were like hers, and they all adopted a head scarf imitating the one she wore.

When boy campers learned that football players strengthen muscles and improve body coordination through ballet exercises, they became regular and enthusiastic class participants. Some were quite adept at the leaps, bounds, and hops; those more limited showed great improvement as the weeks went by.

Ballet is included as another means to promote fitness and body development, and to give these children one more opportunity to be like other children. It helps them develop balance, agility, flexibility, and coordination through a pleasurable and exhilarating experience. No child is excluded because of awkwardness or extreme slowness, since their need for the exercise is even greater than that of the more graceful ones.

Parachute play and creative ballet returned to Sunnyside together with the children, and became activities in the daily physical education program—which is such an important part of their regular school curriculum. Both parachute play and ballet contribute much in helping each child achieve his full potential and in stimulating maximum growth and development.

Editor's Note: For additional information about parachute play see (1) *Journal of Health, Physical Education, and Recreation*, April 1967, pp. 24-27, and (2) *Parachute Play* by Bettie C. Henrie, 801 E. Third Street, Berwick, Pennsylvania 18603, $2.00.

Step Together Step

JOHNNY SOIU
THE DEBONAIRE SCHOOL OF DANCING
BAKERSFIELD, CALIFORNIA

TODAY, A SMILING, SOCIABLE YOUNG ADULT—yesterday, he was sullen and uncommunicative. Now, a confident, smiling partner—before, a shy, insecure teenager with downcast eyes. Here, a socially acceptable, animated young lady—once, a loud, boisterous girl. These are just a few of the dramatic changes we have seen among 30 mentally retarded teenagers and young adults who have participated in our social dance program. At present, 18 retardates—five young men and 13 young women (seven EMR, seven TMR, and four Mongoloid)—take part in weekly dance classes sponsored by The Debonaire School of Dancing.

Approximately four years ago I was asked to teach social dancing to a group of mentally retarded children as a philanthropic project. During my 25-year career, I had taught several students who were blind, physically handicapped, or neurologically handicapped, but never the mentally retarded. I agreed to take on the project and asked for volunteers from local schools to assist. High school and college students volunteered their services and helped without compensation throughout the program, which we enthusiastically planned, although we had been warned to expect little success or progress from the retarded youngsters.

I had been told authoritatively that the mentally retarded characteristically have relatively short attention spans and thus would not retain what they were taught from one lesson to the next. The prospect that each lesson would by necessity be a review of the previous one was dismal. We were all pleasantly surprised and rewarded to find that our students did learn and they did retain what had been taught. Our first five months were marked with phenomenal progress. They learned four patterns in swing and ballad foxtrot, two patterns in standard foxtrot, and the cha cha. In the spring, the group joined with one of our dancing school's regular groups and presented a program at the State Convention of the California Council for Retarded Children, in Fresno. The audience was astounded by their performance.

Lessons were discontinued during the summer months, and when we resumed weekly classes in September, we did not expect the students to remember much of what had been taught before the three-month break. To our surprise, they were able to pick up their lessons without any difficulty and without lengthy review. At this time we began to conduct the classes in our ballroom. The change in atmosphere from a school setting to the attractively decorated ballroom seemed to have a great deal to do with the accelerated progress of the students. We concluded that certain recreational and social activities should be removed from a schoolroom situation to ensure maximum benefit and learning by the mentally retarded.

It is my firm belief that the retarded have the same basic needs as other human beings and they want to be socially accepted by their contemporaries and peers. This was accomplished in our program through the efforts of the teenage assistants. Much of the progress made and the encouraging response of the retarded was due to the attitude of the student instructors. They showed their interest in and acceptance of the retarded in all of their dealings with them. The retarded teenagers and young adults knew that we all cared about them or we wouldn't have been there every Saturday morning for their program.

Mentally retarded children can be taught to dance, and through dancing many doors are opened socially and educationally. During the past four years our retarded students have become proficient in all of the modern social dance steps, from the Viennese waltz to the hully gully. An integral part of the program has been instruction in the niceties of social etiquette—making introductions, escorting, sitting and standing properly, taking pride in personal grooming, thanking people graciously, and dressing appropriately for different social functions. The mentally retarded emulated the teenage assistants in matters of grooming, dress, and in the social amenities. Motor skill and dance ability developed to such an extent that observers could not distinguish most of the retarded students from their instructors. One classroom teacher reported that violent outbursts on the part of certain individuals had disappeared and, in general, the level of emotional frustration of all of her students had decreased significantly after the inception of the dance program.

There is no question in my mind—the retarded can learn; they do retain; their motor skills can accelerate fantastically; their general outlook on life can be given purpose; and they do mix well with their nonretarded contemporaries. While all forms of dance can be beneficial to them, we feel that social dancing is most rewarding, since it will be a lifelong asset, and will help them become socially aware and achieve greater social confidence. Our program has been a wonderful experience for all and we are planning to expand it to include more of the retardees in our community.

Motor Development

A PROGRAM FOR NEUROLOGICAL ORGANIZATION

The following paragraphs are taken from Dr. Louis Bowers' booklet for student clinicians at the University of Southwestern Louisiana in Lafayette. Included in the booklet are helpful hints in working with the child and parents, measures of neuromotor fitness, special techniques and equipment used, and a comprehensive and progressive check list of applying the rationale and theory when working with the retarded child. Copies may be obtained from the unit.

Children grow and develop neurologically from birth to maturity in a definite recognizable sequential pattern. Each level of development serves as a base for further development in the next stage of neurological maturity. As a result of neurological (neuromotor) experiences at one level, in which the child explores the interrelationship of kinesthetic, tactile, visual, and auditory perception, a coordinated development of the neuromotor system takes place. Information, skills, and awareness gained at one level are carried over and utilized in the next.

Four recognized levels of development in which there is progressive movement exploration are: (1) moving arms and legs without forward movement, (2) crawling, (3) creeping, and (4) walking. When there is an omission or an interruption in any of these developmental stages, performance at the next stage will be affected.

An interruption in or the omission of any developmental level could be the result of trauma before or at birth, childhood diseases, or accidents which might result in neurological impairment. On the other hand, it may simply be a result of overprotective parents who will not allow the child the opportunity for movement exploration and experiences. Whenever adequate neuromotor experiences are lacking in the development sequence there is less than optimum neurological organization.

Neurological disorganization as seen in some children is severe and quite recognizable while in others it may be mild and not noticeable except in acts requiring fine and highly coordinated neuromotor performance such as reading and writing. It is therefore the purpose of the program to measure and evaluate the developmental performance level of each child and to plan a program of activities designed to improve his performance. In some instances it is necessary to provide the opportunity for the child to experience the neuromotor activities which were common to that level of development which may have been interrupted or omitted.

A child's self-image and his social interaction with others depends to a large extent on how he sees himself, his body, and what he can do with it. Through increasing the individual's range of movement, his control over his body in performance, and his confidence and interest in attempting new activities, he will perhaps see himself and others in his environment in a different light.

EXPERIMENT IN TUMBLING

Rose L. Paper, Department of Education of the Exceptional
Catholic University, Washington, D.C.

For ten years I was a teacher of low IQ children in the elementary schools of Washington, D.C. It was my task to provide for the special needs of some 18 to 20 children in the basic subjects of reading, writing, and arithmetic and to stimulate interest in social subjects, art, music, and physical education in line with individual abilities and curriculum material developed for this level.

In physical education sessions, I was striving to develop skills which would not only improve their health but would also promote individual success to offset some of the economic and social deprivation partly responsible for their poor performance in academic areas.

Preliminary discussions were held with the physical education consultant, who provided guidance and inspiration for the program. The *D.C. Physical Education Curriculum Guide*, containing a section of beginning stunts, was used In addition, the D.C. Audiovisual Department provided several good films.

When I decided to form a tumbling team, I first became familiar with appropriate stunts so that I could teach them.

Initially, the only equipment provided by the school was four mats, which were placed end to end so that a series of calisthenics and exercises designed to develop strength, gymnastic agility, flexibility, coordination, and balance could be executed. Girls and boys practiced for 30 minutes three times a week. The girls wore slacks; no special clothing was required. Those who did not have tennis shoes or gym shoes were permitted to practice in their bare feet.

After our first performance before the entire school family, the PTA provided sweatshirts imprinted with "Keene Tumbling Team." The sweatshirts became a status symbol. Children from other classes were so eager to be on the Tumbling Team that at least some of them had to be accommodated.

The program included exercises to build firm muscles, the teaching of proper running and breathing techniques, and lessons on personal hygiene, good nutrition, and safety. Essentials of good sportsmanship were also established and firmly stressed, as well as tumbling safety precautions.

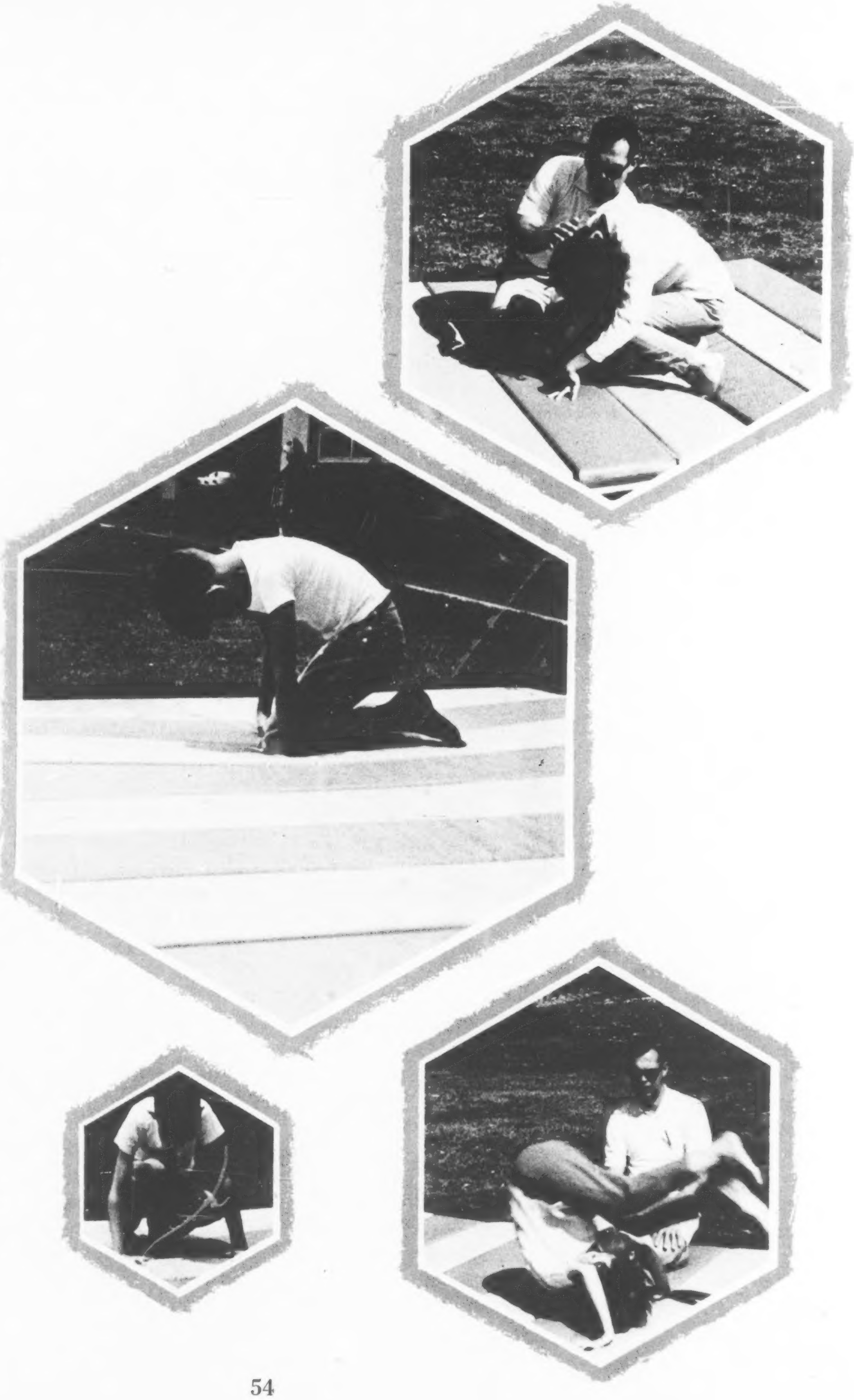
The Tumbling Team gained much recognition after its performances before the entire student body, during the PTA Book Fair, and at other schools and institutions in the Washington area. The children showed considerable growth and development—physically, emotionally, mentally, socially, to a great extent academically! They learned much more than tumbling routines. They walked erect with shoulders back and heads up; they laughed and smiled more; their coordination improved; and there were fewer absences. Interpersonal relationships were better, for team spirit predominated and individuals took pride in their own successes as well as those of their teammates. As the girls and boys gained self-confidence, they began to show greater interest in such school activities as square dancing, student council, and Junior Red Cross.

Best of all, the enthusiasm of the children for this program expanded — they could not get enough. A special session was arranged for after-school hours. Parents dropped by to watch and remained to applaud.

ACCENTING the POSITIVE

By Milton H. Pettit
Cypress Orthopedic School
Ontario, California

A tumbling program, developed to meet the specific and special needs of each orthopedically handicapped child, is an integral part of the overall physical education program for 25 orthopedically handicapped children at Cypress Orthopedic Unit. Instruction focuses on the positive, stressing what the child *can* do rather than what he cannot. Objectives of the tumbling program include: (1) introducing each child to a new environment for exploratory movement; (2) helping each child improve his kinesthetic awareness; (3) teaching each child new physical skills; (4) helping each child develop improved body-image and self concept; (5) having fun. Participation in the program requires written releases from both the student's doctor and his parents. When approval is received, the physical education instructor prepares the child's individual program so he can participate to the full extent of his ability. We must be realistic in recognizing the limits which each handicap imposes upon a particular child, so that he will not attempt anything which is unsafe or hazardous for him.



A list of the skills and activities in which each child may safely participate is mimeographed and copies sent to school and district administrators, therapy department, individual teachers, and the child's physician. In this way, those involved with the student are kept informed as to what is taking place. The physical education instructor keeps individual copies of each student's program in a notebook which may be borrowed by any interested person observing a particular child in action. Each child performs only those skills designated on his instructional program sheet; additions or deletions are made as instruction progresses.

Children take part in the tumbling program twice a week; participants rotate so that no more than four children are ever waiting for a turn. During the five minutes each child is on the mat, he is given individual instruction and is directly supervised and spotted. Activities vary with each student, but the following are representative of the general skills and activities included:

Long rolls—arms overhead, on chest, against side.

Egg rolls—palms on mat, forearms on mat, hands under knees.

Side rolls—palm on mat, forearm on mat.

Forward rolls—squat, stand, walk (assisted and unassisted).

Backward rolls—sit, squat, stand (assisted and unassisted).

Rockers—on back with hands behind knees (assisted and unassisted).

Creeping and crawling—highly individualized.

Combination rolls—two or more of the individual rolls listed.

The program is easily varied. For example, a child might be asked to do two egg rolls, one side roll, and two more egg rolls. He is challenged physically and mentally.

This program requires a great deal of cooperation among teachers, aides, therapists, and the school principal. Teacher aides are essential, in that they are responsible for unbracing, bracing, undressing, and dressing the children for class. A time schedule for students in the tumbling program is distributed to appropriate school personnel, so that teachers know when a student is to engage in tumbling.

Students taking part in the tumbling program enjoy it; they are also improving in terms of their ability to perform physical skills which they had not been able to accomplish previously. The Goodenough-Harris Drawing Test was given to all students at the beginning of the program and will be readministered at the conclusion to determine improvement in body image and self-concept of each student. Each child is encouraged during his tumbling period so that he experiences success.

Tumbling is providing a meaningful educational experience for children in our school. The only limitations are determined by the extent of the teacher's ability to be creative and original.

SUCCESSFUL ACHIEVEMENT THROUGH THE USE OF BALANCE BOARDS

ELDON HAUCK, CONSULTANT, ANAHEIM, CALIFORNIA

With the grateful acknowledgment of assistance by Claire Koronkiewicz, Lilla Alexander, and Ann Pearson, primary EMR teachers, without whose help this project would never have been possible.

We had no idea what the outcome would be when we decided to work up a series of activities on balance boards as an addition to our curriculum for primary level educable mentally retarded children. Had we known what the future would bring in the way of individual pupil achievement and enthusiasm, this simple instructional aid would certainly have been introduced sooner and we would have approached the project with greater vigor.

I made three 16-inch square balance boards, each with a base of different dimensions (¾" high by 3" square, 1½" high by 3" square, and 1½" high by 1½" square). As the base decreases in size it is more difficult for the user to establish and maintain balance.

The first board—with a ¾" x 3" base, the easiest—was taken into a primary I classroom, where two-foot balance was demonstrated several times. This board was left so that the children could experiment with it during the week. When I visited the class the next week the children were exuberantly showing me what they could do.

When the second board—1½" x 3" base—was introduced, the interest and excitement of the children were even greater. The pleading "I want to's" combined with crowding bodies was so overwhelming that this board was left also. A week later the third board—1½" x 1½" base—was demonstrated. The children were beside themselves with excitement! New balance boards were introduced to the primary II classes as well, with the same enthusiastic reactions.

The classroom teachers and I felt the need to develop a sequential series of activities for the balance boards. After several meetings, an outline of activities was drawn up, and after several revisions the following routines were produced.

BALANCE ACTIVITIES ON TWO FEET

Positioning the feet. Place one foot on the Bal-Board (© Eldon Hauck, 1967), centering it on one half of the board. Center the other foot on the other half of the board and balance.

Routines. The child should be able to gain and hold a position of static balance on the board before attempting the following routines:

1. Tilt forward until the front edge of the board touches the floor and return to the starting position.
2. Tilt backward and recover.
3. Tilt to the right and recover.
4. Tilt to the left and recover.
5. Hold and maintain the balance while—
    *a. Bouncing and catching a ball with two hands.
    *b. Tossing a ball into the air and catching it with two hands.
    *c. Bouncing and catching a ball with one hand.
    *d. Tossing and catching a ball with one hand.

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* These activities can be used effectively on a competitive basis with each child trying to attain the highest score possible.

e. Bouncing a ball repeatedly (dribbling) with two hands, counting the number of successful bounces without losing balance.
f. Dribbling a ball with one hand, keeping track of the number of bounces without losing balance.
g. Reaching to grasp and hold a small object which has been swung like a pendulum while being held out of the child's reach. (Tie one end of a string to a yardstick and the other to any object that can be grasped in one hand. Swing the object back and forth just beyond the reach of the outstretched hand so that to catch and hold it he must shift himself forward and redistribute his weight.)

6. Repeat the activities described in 1-4, but with eyes closed. (This introduces another dimension of balance which is dependent upon the inner mechanisms—kinesthetic awareness, proprioceptive feedback, vestibular function—without assistance of visual cues.)

The routines for two feet may be tried on each of the Bal-Boards consecutively before moving to the one-foot routines, or all routines may be mastered on one board before moving to the next. It is up to the instructor to select the approach best suited for his individual children. However, following the proper sequence is important to assure continuity and successful experiences for each child.

Balance Activities on One Foot

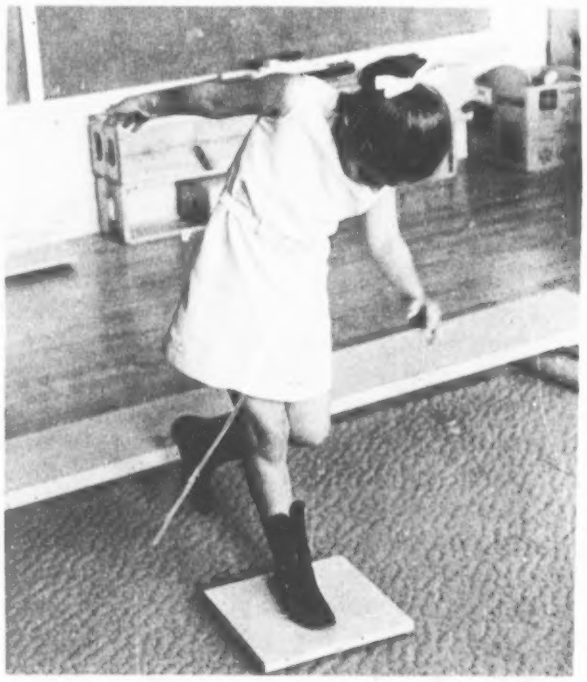
Prior to introducing one-foot balances on the board, the children should be given an opportunity to gain and retain balance while standing on one foot, and then the other foot, on the floor. During this practice, let each child try the activities listed under #5 of the routine for "Balance Activities on Two Feet." After these are mastered, let him try the same activities while balancing on the other foot. At this point he is ready for the easiest of the balance boards.

The Favored Side. Let each child choose the foot on which he will initially attempt to balance. Make this request in terms of "one foot" and then the "other foot" rather than in terms of "right" and "left." This procedure promotes the development of laterality (the internal awareness that the body has two sides which can function independently or together), which precedes the development of directionality (the application of laterality to the external environment). When the child is ready, balance board activities can contribute to a better understanding of "right" and "left," at which time the use of these terms is beneficial and instructions should be given with "right" and "left."

Position of the Foot. The foot should be placed on the board so that the ankle is approximately above the exact center of the board. The opposite foot may be held up or placed in a position against the leg of the balancing foot: this decision should be left to the user of the board.

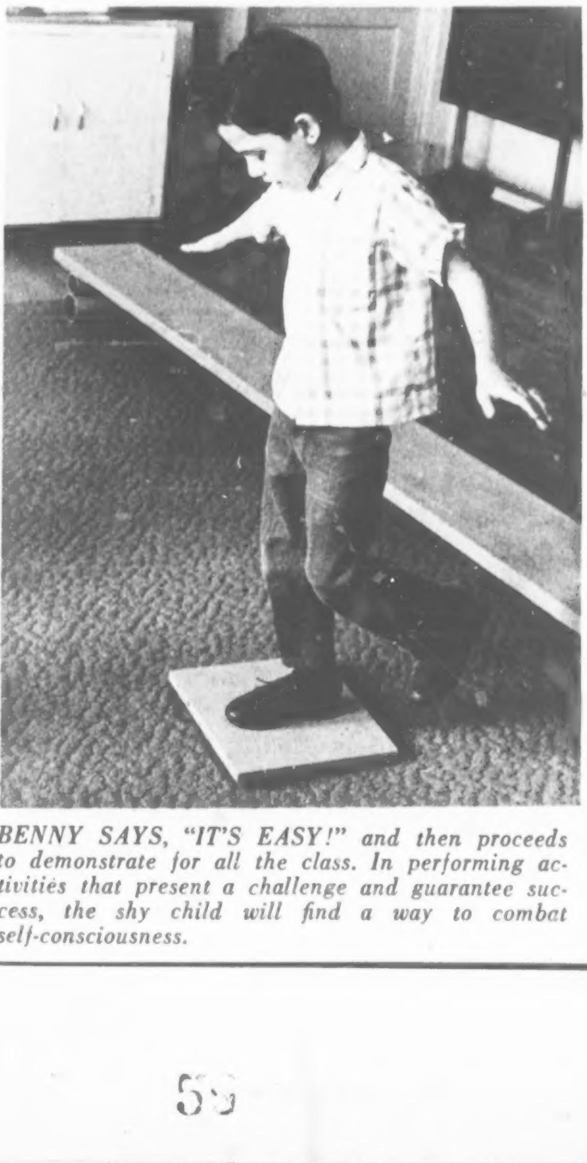
Routine. The same activities are used for one foot as described for two feet, except that the tilts to the side are done only in the direction of the foot being balanced upon (i.e., right foot tilts to the right, exclude #4; left foot tilts to the left, exclude #3).

Teachers and students are encouraged to develop their routines and to experiment with additional activities after attaining confidence and skill in the basic movements.



SWIFT, DEFINITE COUNTERACTION is demanded for shifting of weight in the attempt to retain balance. The preferred foot is used first, and then the opposite foot, in the one-foot balance activities.

Editor's Note: *Balance boards can easily be constructed from ¾" plywood. Generally tops that are 16 inches square meet the needs of youngsters, regardless of their level or ability. However, for those who need larger surface areas, tops can be 20 x 20 or even 24 x 24. Bottom supports can be made in a variety of ways, so that the activities can be as easy or difficult as the skill of the individual warrants.*



BENNY SAYS, "IT'S EASY!" and then proceeds to demonstrate for all the class. In performing activities that present a challenge and guarantee success, the shy child will find a way to combat self-consciousness.

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LOCOMOTOR DEVELOPMENT TEST

Louis Bowers
University of South Florida
Tampa, Florida

The ability to move the total body while shifting weight from one foot to another, to jump and land with control, and to move the limbs across the midline of the body are basic to one's performance in many everyday activities. These motor abilities also serve as basic movement patterns in the skills employed in games and sports.

Mentally retarded children display a marked deficiency in these important patterns of locomotion. The test described in this article was developed to evaluate and diagnose the locomotive performance level of mentally retarded children. For such an instrument to have practical usability for teachers of the mentally retarded, it must be one which can be administered in a short amount of time and be easily understood by the retarded individual.

The test designed to meet these criteria consisted of footprint patterns, arranged in a sequence of locomotive skills, which followed patterns previously observed in young children. The footprint patterns were constructed by attaching colored adhesive plastic silhouettes of footprints to a strip of rubber carpet. The footprint cut-outs were made to equal the size of an adult size-eight shoe and were spaced at distances which would accommodate the normal locomotor foot patterns of an average six-year-old child.

The right footprint was colored red, and the left in blue. A difference in color is usually recognized by mentally retarded children, although the shape of the right or left footprint is not.

In administering the test, which is more appropriately done individually, the locomotive skill is first demonstrated by the teacher or test administrator, so that the student understands the movement to be performed. It is important for the student to recognize the movement task, since the test is designed to measure the coordination of total body movements, not one's ability to decipher the footprint pattern.

The scoring system for each locomotive skill involves evaluating whether the skill can be performed at all, and then checking the level of performance as regards ease of maintaining balance and control while moving. Each skill and level of performance which the student does not meet is checked on the score sheet. If an individual falters on a particular skill, he is given a second chance and the judgment is based on the better of the two performances. The teacher then has a record of the level of performance at which the student is experiencing difficulty.

In order to establish the average age at which most children are capable of performing specific locomotive skills, the author administered the test to 183 children, ages three to eight years, who were of normal intelligence and free from any known neurological or orthopedic handicaps.

The average age in years and months at which a child could perform each skill is sequently designated in the left hand column of the score sheet.

The average total score on the locomotor developmental test for each of the various age groups is as follows:

Chronological Age	*Average Score*
4-4½ yrs.	11
4½-5 yrs.	13
5-5½ yrs.	15
5½-6 yrs.	16
6-6½ yrs.	18
6½-7 yrs.	20

When the test was administered and scored simultaneously but independently by the author and another teacher to a group of 41 trainable retarded boys and girls, a correlation between the results showed a coefficient of reliability of .960.

SCORE SHEET

Age		*Skills*
	______	1. Places correct foot forward.
	______	2. Walks with toes pointed forward.
3 — 6	______	3. Can place one foot in front of other.
4 — 0	______	4. Maintains easy balance while walking with one foot placed in front of the other. (Note: Child steps off foot pattern to perform 5 and 6.)
4 — 0	______	5. Can imitate side steps to right as performed by tester.
4 — 0	______	6. Can imitate side steps to left as performed by tester.
4 — 3	______	7. Can hop on two feet.
4 — 6	______	8. Maintains easy balance upon landing.
4 — 6	______	9. Can perform quarter turn to right.
4 — 9	______	10. Maintains easy balance upon landing.
4 — 6	______	11. Can perform quarter turn to left.
4 — 9	______	12. Maintains easy balance upon landing.
4 — 6	______	13. Can hop on right foot.
5 — 3	______	14. Maintains easy control while performing.
4 — 9	______	15. Can hop on left foot.
5 — 6	______	16. Maintains easy control while performing.
4 — 6	______	17. Can cross feet over midline of body.
5 — 3	______	18. Maintains easy balance while crossing over midline of body.
6 — 0	______	19. Can cross both hand and foot simultaneously over midline of body.
6 — 6	______	20. Maintains easy balance when crossing hands and feet over midline of body.
6 — 6	______	21. Can shift from right-foot hop to left foot without stopping.
6 — 9	______	22. Maintains easy balance while shifting from right to left.

A Trampoline Program for the Orthopedically Handicapped

By Milton H. Pettit, Cypress Orthopedic School, Ontario, California

Trampolining has come to the Cypress Orthopedic School in Ontario, California. This new and exciting activity was initially introduced to 23 orthopedically handicapped students from three different classes. Each child found himself in a new movement environment and with the assistance of the instructor each explored and experimented with different types of movement. Students worked on the trampoline two or three times per week for seven weeks; each session lasted 5 to 8 minutes. Individual daily attendance and participation records were kept to note progress and development of each student.

Before taking part in the trampoline program each student had to have written consent from his doctor and parents. After a specially prepared form was returned from the doctor, a similar form was sent to the parents for their approval. Only after all parties approved could we proceed to develop each individual's program of instruction.

After studying every student's medical diagnosis, his condition, and his performance in other physical and motor activities, the physical education instructor developed specialized and individualized programs for each student. Written copies of each student's program were sent to the school administration, therapy departments, and individual teachers. In addition, programs for each student were kept in a notebook by the physical education instructor. As the program progressed, adjustments and modifications of individual programs were easily made. Visitors were given the notebook and could note progress and follow the program of instruction for a given child. The director of special education, the principal of the school, and the physical education consultant for the district were invited to visit and evaluate the program. This drew these people closer to the program and provided opportunities for the physical education instructor to obtain additional ideas, suggestions, and reactions to the trampoline program. This coordination and cooperative effort helped refine and improve the program which, in turn, increased the benefits to the students.

Close cooperation and coordination were necessary among individual teachers, their aides, the physical education instructor, and personnel in other school and therapy departments. Copies of schedules for each group were distributed to teachers and therapists so that those students with conflicts between therapy and trampoline time could be rescheduled for the trampoline. Close teamwork between the physical education instructor and therapists was important to the success of the program.

A safety talk stressing the proper methods of getting on and off the trampoline was given on the first day of activity. This was followed by a demonstration of these procedures and techniques by the instructor. Children were also shown a method of spotting from their positions around the trampoline.

Before any student actually got on the trampoline, the instructor demonstrated basic stunts and various progressions. One of the first activities was to have the student crawl around the edge of the trampoline to get an idea of the size of the bed on which he would bounce. This was followed by the side roll, egg roll, log roll, and forward roll. Various bounces, including the seat bounce, knee bounce, and standing bounce, were introduced. The instructor actually had to do a great deal of the bouncing for students, and in certain cases had to assist them as they performed particular stunts. Because of the severe physical restriction of the majority of the students, spotting techniques had to be comprehensive. The instructor stood on a chair and straddled the outside edge of the trampoline so that he could spot and assist each student as he performed various stunts. This proved to be the surest method and it also gave students an additional feeling of security.

Initially all stunts were done with direct assistance from the instructor. As students learned to perform activities safely, the instructor spotted but did not assist directly. However, some children needed assistance in all stunts throughout the entire program. Many students successfully executed routines consisting of various combinations of individual stunts. In performing routines children had to complete specific combinations of stunts and had to remember the sequence of each series.

Each child was successful in some basic stunts of trampolining. Even severely handicapped children were able to do certain fundamental stunts which were worthy of praise. Students became more confident, at ease, and relaxed as they jumped and performed stunts, and many children who had a tendency to be introverted became more outgoing after participating in the program.

Many safely engaged in and accomplished movements they had never even tried before. Participation seemed to give many children the feeling of accomplishing something which normal brothers, sisters, or friends could not do or hadn't been given the opportunity to try. All students were enthusiastic about the program and seemed genuinely disappointed when they learned the trampoline was being moved to another school. Greatest gains were in improved attitudes and personalities of children who gained success through the use of the trampoline. Several staff members, including teachers and therapists, and many of the students' parents indicated that in many instances children participating in this program showed improved attitudes in other areas.

IDEAS FROM OUR READERS

For additional information about the following ideas, contact Carolyn Hickey, Riverdale School, 18002 Riverdale, Anaheim, California.

Mock roller skates can be made by tying large telephone books or mail order catalogs to the bottom of children's shoes. They encourage children to work with their fingers when putting on and taking off the skates and also promote development of balance and motor coordination.

Progressions

Skating on grass with one skate.
Skating on asphalt with one skate.
Skating on grass, with two skates.
Skating on asphalt with two skates.
Progress to other surfaces such as cement or wood.

Helpful Hints

Put skates on while the student is seated on a chair or bench.
Have the student use his hands in putting on and taking off his skates.
Let the student hold onto a stick held in the hands of two aids while he skates.
Have the student hold onto a hardstick with both hands, keeping stick parallel to the ground, (good with hyperactive children).Have student puch a chair or grocery cart ahead of him as he skates.
Skate to a goal and return (encourages more active and purposeful skating).
Bounce a ball while skating.
Use a skating vocabulary (shuffle, push, glide).

Cut old automobile innertubes into bands approximately one inch wide for a new approach to insometrics. Activities can be varied and exciting–especially when some bands are partially cut so that they will break. Expressions of satisfaction and accomplishment are great; motivation enhanced Have students try the following exercises:

Hold the band over the wrists and with the arms straight (or bent) move the arms as far apart as possible. (Keep arms directly in front of the body, over the head, behind the neck, to the sides.)

Place the band over the ankles and perform similar movement to those done with the band over the wrists. Lie on side and move the top leg away from the bottom one. Move the legs in a cycling motion.

Place the band over the arch of the foot and pull back and forth singing *Row, Row, Row Your Boat.*

Stand with the band over the instep and move up and down as in inflating a tire with a hand pump.

Perform modifications of various weight exercise movements (curls, reverse curls, upright rowing, rowing, dead lift). Use bands as a part of various combative activities.

BASIC MOVEMENT EXPERIENCES FOR THE MENTALLY RETARDED

David Auxter, Slippery Rock State College
Slippery Rock, Pennsylvania

Physical education major students at Slippery Rock State College, Pennsylvania, are being exposed to clinical experiences with mentally retarded children (CA 3-12). Since many of these children have deficiencies in fundamental motor patterns, it has been necessary to examine how movement develops during the preschool years. A major portion of this program involves experiences in basic movement that emphasize the perceptual and conceptual aspects of development right along with the motor development.

It has been hypothesized that the following serve as a foundation for high-ordered and more complex motor activity:

1. *Spatial relationships*—orienting the body toward the immediate space which surrounds the individual (e.g., moving the body through mazes, tunnels, and other crawling apparatus; moving arms and legs through space).
2. *Body awareness*—perceiving or being aware of the movement of the body (e.g., exploring the movement potential of each joint; identifying and moving the various body parts).
3. *Continuity*—controlling the body ás adjustments are made to environmental cues (e.g., stopping, accelerating, changing direction).
4. *Dynamic balance*—countering gravitational forces and keeping the body oriented toward the earth's surface (e.g., walking on a balance beam; using a balance board; walking on sinking tires; participating in trampoline activities).
5. *Time concepts*—being aware of changes in time and in the variation of the speed of movement (e.g., changing the rhythm, speed, or means of locomotion).
6. *Levels*—maintaining the efficiency of movement when the center of gravity is at varying distances from the ground (e.g., making movements which are low or high relative to the ground; crawling, as opposed to walking).
7. *Weight transference*—transferring body weight from one part to another (e.g., transferring weight from hand to hand, as in the cartwheel; from foot to foot, as in running, walking, and jumping; from hands to shoulders, as in tumbling).
8. *Force acceptance*—absorbing force (e.g., landing after jumping; catching a ball).
9. *Force production*—imparting force to external objects (e.g., throwing; striking; kicking; jumping; hanging from a rope; pushing, as in combative activities).
10. *Force adjustment*—adjusting or controlling force to achieve a desired end (e.g., shooting for a basket; putting in golf; throwing darts).
11. *Locomotion*—moving from one place to another (e.g., creeping; crawling; walking; running; jumping; hopping; skipping; galloping; leaping).

A method of *guided discovery*, an application of the exploration of movement approach, has been used to promote and teach these patterns and concepts. The great variation in development among children can be handled through this method, because it enables each child to enter the program at a level consistent with his stage of development, permitting him to progress at his own rate. Success is inherent in this method, since there is no predetermined right or wrong response.

ACTIVITIES FOR THE HANDICAPPED

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Charles LeRoy Lowman Elementary
School for Handicapped Children
Los Angeles, California

All exercises and activities are not appropriate for all handicapped children, nor for those with the same condition. Activities are dependent upon each child's diagnosis, his limitations, interests, and abilities. The following activities for children in wheelchairs and children with braces cover only a small segment of potential activities which are being used with handicapped children. These are representative samples of activities which have been successfully used by some teachers with certain handicapped youngsters in specific situations.

Activities for children in wheelchairs:

Tetherball — lower ball to waist level. Use to improve eye-hand coordination and for upper limb improvement; introduce miniature or table tetherball for those with more severe handicaps.

Ring Toss — throw rubber rings onto bowling pins, Indian clubs, or milk cartons from about 2 feet away. Use to improve eye-hand coordination and for upper limb involvement; include as team or individual activity.

Hot Potato — toss bean bag around a circle until leader says, "Hot Potato." Child caught holding the beanbag must sit in middle of circle or participate in some other activity. Use for upper body involvement.

Animal Games — ask children sitting on mats, grass, or floor to imitate animals with which they are familiar. Use to help children become aware of their body parts and for involvement of upper and lower limbs.

Mat Activities — roll from side-to-side-to-side; become as small as a mouse or as long as a snake. Introduce "Angels in the Snow" for developing laterality and/or directionality. Place severely involved youngsters in a prone position and throw a large rubber ball (balloon, beach ball) at various body parts to develop sensitivity and spatial relationships

Body Awareness — point to head, eyes, mouth, arms, legs, and other body parts, to body surfaces (front, back, side); use these same body parts in various ways and in different activities.

Activities for children with braces: (A wall or bench may be used for additional support.)

Box Ball — place a box about 6 to 10 feet in front of a child and have him roll a ball into the box. Use to improve eye-hand coordination.

Ball Sequences — have children in pairs or in 2 lines facing each other bounce (toss) ball to himself; bounce (toss, roll, throw) ball to his partner; add multitude of variations.

Hit Pin — stand 3 or 4 bowling pins (Indian Clubs, bleach bottles, milk cartons) about 6 feet in front of the child; hit the pins with the ball; use to improve eye-hand coordination.

Duck on the Rock — place a beanbag (duck) on top of a bowling pin or similar object (rock) about 6 feet from the child; knock down the duck or rock with a beanbag (fluffball, rubber ball, beach ball).

Line Pass Relay — have 2 benches side by side with one team on each bench; children straddle benches; first person in line passes beanbag over his head to next person who takes it and passes it over his head, continuing in this manner; winner is the team which gets the beanbag to the end of its line first.

Something's New Afoot

New and exciting dimensions can be added to a physical education program through the imaginative use of bamboo sticks—the kind which carpet shops receive inside new rugs. These inexpensive and easily obtained pieces of equipment assure continuous participation for everyone as they perform exercises over, under, or around them, or as they hold the sticks for those performing. Every child can succeed and accomplish some task, no matter how simple or difficult.

One bamboo stick can keep three youngsters active, interested, and challenged as they learn and have fun. By varying the number of sticks used or by having more than one student perform at the same time, any number of students may participate. Initially, as one student performs the other children sit facing one another, each holding the end of a bamboo stick. The sticks should be cut at the joints to avoid possible injuries from sharp edges of the open ends. The sticks, 6 to 8 feet in length, are held in a parallel position a few inches above the floor as the students walk forward, backward, sideways, and in circles over and around them. They must not touch the sticks while moving across them.

Sticks may be elevated to make activities more exciting and challenging. Walking exercises are repeated; crawling and hopping are introduced. Many variations can be used so children will have opportunities to perform different motor acts. Possibilities include the bear walk, giraffe walk, crab walk, bunny hop, and the lame dog; movements in different directions—forward, backward, sideways, and in circles; activities with one foot, both feet, left foot, right foot; and those done with one or both eyes closed.

Handling a ball adds an eye-hand coordination factor to the already present eye-foot coordination pattern. Children can hold a ball, roll or bounce it, play catch, and perform other acts while doing certain foot movements over the sticks. By placing bamboo sticks on the rungs or seat of a chair, children can jump over or crawl under them. Careful placement in a series can provide an interesting, motivating, and challenging obstacle course for children to practice specific motor skills and develop higher levels of physical fitness.

Bamboo sticks can be used in various rhythmic activities. Children may sit on the floor with a stick in each hand and hit the sticks against wooden blocks. In some instances chil-

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Physical Education and Recreation Director
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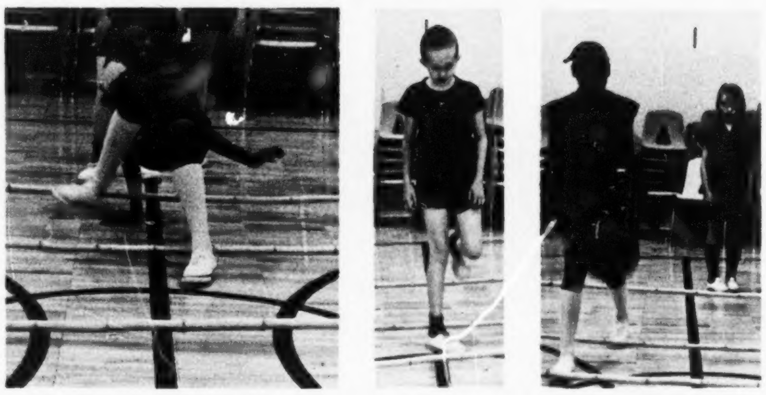
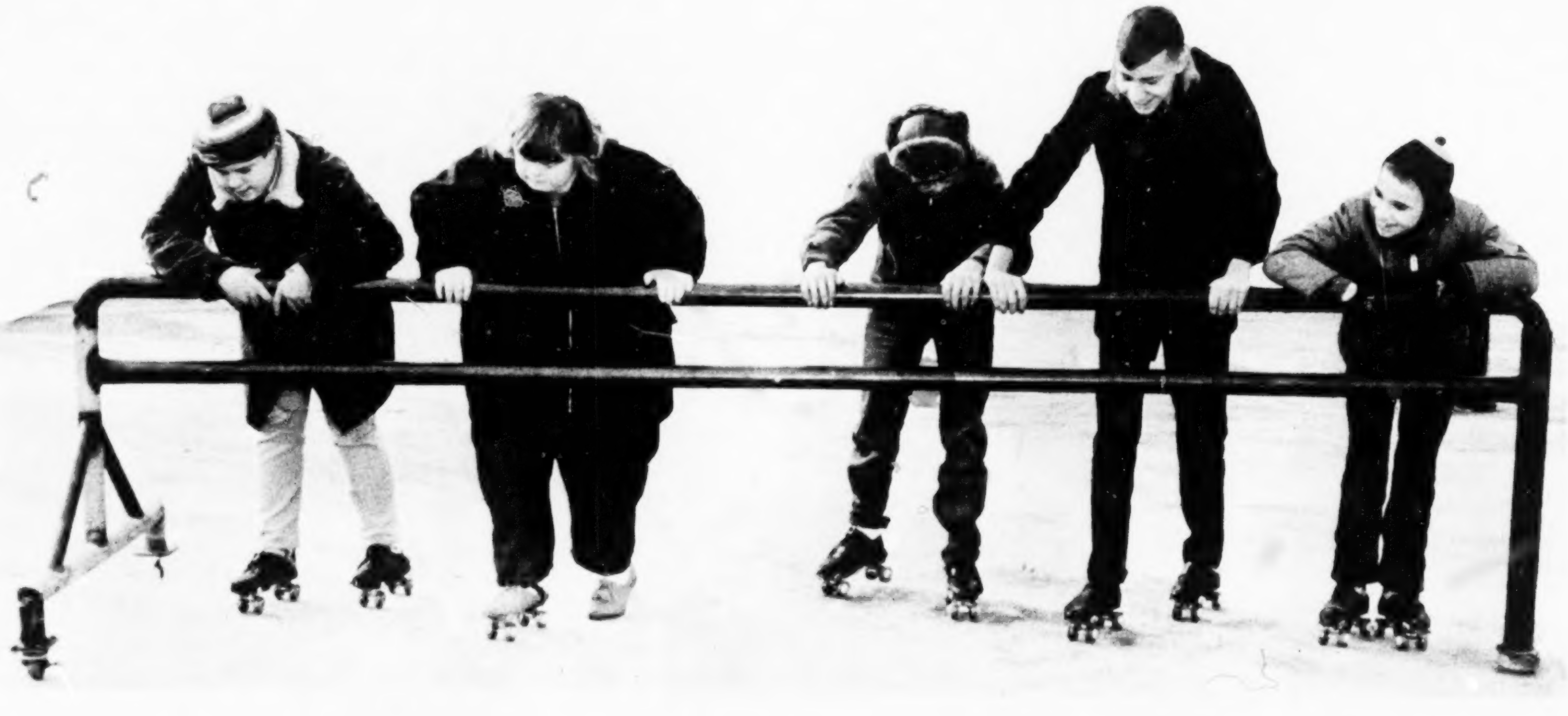
Mansfield, Ohio

dren should be introduced to these new movements and skills by having them clap their hands in the desired pattern and rhythm. Hitting blocks and sticks together can be combined in many different rhythmic patterns with or without music. When students hitting the sticks have established good patterns and rhythm, other children can jump in and out of the sticks using various steps, such as the Bamboo Hop, Philippine Stick Dance, Tinikling.

Many activities can be taught or reinforced with bamboo sticks. Observant teachers will heed cues, suggestions, and ideas from their students. The potential of these simple devices are limited only by the imagination of the instructor and his students.

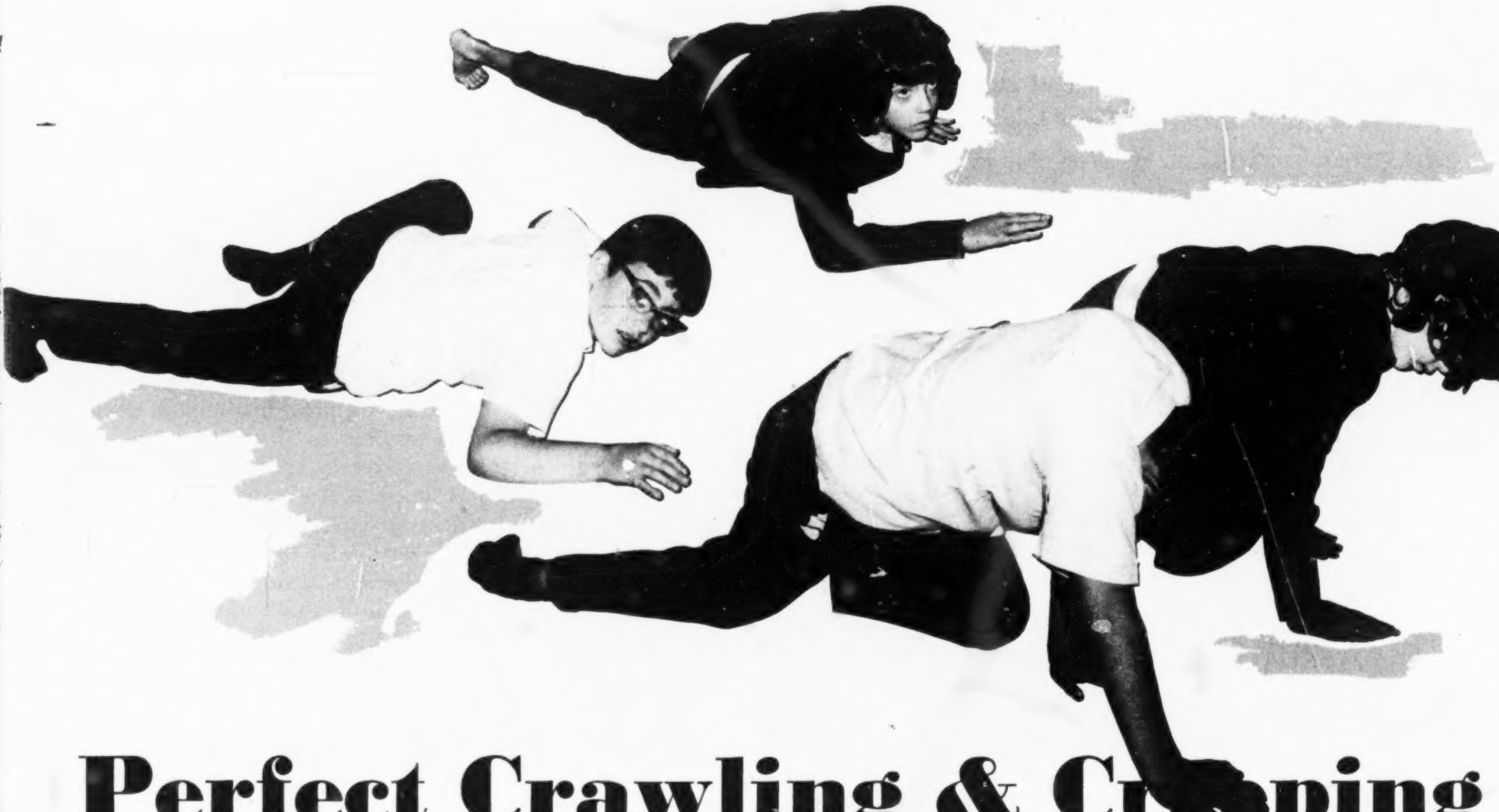




Slow learners learn fast with skate-trainer

The "skate-trainer" (above photo) was developed by members of the physical education staff in the Hamilton (Ohio) Schools. In a few minutes many retarded youngsters—trainable as well as educable—have learned the mechanics of roller skating. The trainer, constructed from a pipe by members of the Maintenance Department, moves in a circle about its stationary end. Thus all children, regardless of their ability or experience (note the girl using just one skate), can use the trainer effectively and at their own pace. The security offered by this device enables the child to concentrate upon skating and assures him of a successful performance. Consequently he can relax, enjoy the activity, and progress rapidly, even taking long sweeping strokes.

(Reported by Jim Grimm, director of health, physical education, recreation, and safety, Hamilton City School District, Hamilton, Ohio.)



Perfect Crawling & Creeping

Neurological organization is orderly development of the central nervous system that begins during the first trimester of gestation and ends at about seven years of age. In normal children, neurological organization develops through uninterrupted opportunities to explore and learn about the environment. If children are not permitted these opportunities, disorganization may result and manifest itself in inefficient functioning. Children not allowed freedom to run, jump, climb, skip, throw, and kick because their clothes might get dirty are often among those who, in physical education classes, are shy, poorly coordinated, and in poor physical condition.

But what about cultural effects on even more basic functions during even earlier years? How often are small children placed for hours on end in playpens, swing seats, harnesses, and other appliances so mother can complete her housework or so a favorite vase is not subjected to destruction? How often is mobility restricted by not allowing children to crawl (forward motion on the stomach) or creep (forward motion on the hands and knees) from room-to-room for exposure to new and exciting visual, auditory, and tactile stimulation under the guise of "Oh, that's too dangerous"?

Children who skip these stages of development substitute other means of mobility such as rolling. Those not allowed to develop at their own rate may develop a poor foundation in their central nervous system and may have interrupted entogenetic development of the brain. These children often have ocular problems, poor coordination, mixed dominance, poor visual and auditory perceptual skills, and an overall inability to perform on an equal level with their peers. They are neurologically disorganized and may never reach their potential unless attempts are made to organize their central nervous systems.

It has been demonstrated that by having mentally retarded children practice crawling and creeping

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John F. Unruh, Director of Therapy, The Institute for the Rehabilitation of the Brain Injured, Media, Pennsylvania

An evaluation form that is an accurate measure of crawling and creeping has been developed for use in measuring these functions and in objectively recording student progress. Along with a listing of developmental coordination activities and modified physical education activities, it may be obtained from the author

on a regular basis and by providing developmental activities to improve their gross coordination, they can develop stronger neurological foundations, providing a more efficient base for more efficient functioning.

Most facilities lend themselves to crawling and creeping activities around their perimeters. If a room is large enough an entire class can participate actively at the same time. An instructor standing on the outside of the circle can quickly scan a class in action and efficiently spot a child who needs individual attention. An area in the center or off to the side can be used for giving individual attention; a child can be easily pulled from the group without disturbing them. When not working individually with one or two children, the instructor can comment to each child as he passes.

Variety can be added by use of appropriate obstacles—weave in and out of markers, go under tables or over legs. Colored markers can be used to show children where to place their hands and knees; floor tiles can also be used for this purpose. Chalk lines, string, or colored ribbons can be placed in different designs, so that children can try to follow them. Any innovative and imaginative ideas instructors can employ that will not interfere with the desired goals will help keep children interested and active. Relay and shuttle activities can be utilized; however, they reduce participation and for this reason may be less effective than more individualized procedures.

Instructional approaches will vary for each child and each teacher. Every instructor is an individual with his own unique personality, and he will find specific teaching techniques and approaches best suited for him when dealing with given children. More demonstration and less explanation is a good rule of thumb to follow when working with the mentally retarded. Instructors must be proficient themselves in both crawling and creeping before introducing these activities to the children. A kinesthetic approach—actively moving a child through desired patterns—has produced good results. Then add visual and auditory cues, since the multisensory approach has enabled these children to achieve far more than verbal explanations alone. Care should be taken not to frustrate a child by asking him to perform tasks of which he is not presently capable. Break tasks down into their component parts and concentrate on one step at a time; this encourages good performance by offering children small sequential successes on their way to mastering complete skills. This is important when teaching skills to anyone, but is a far more significant consideration when working with mentally retarded.

Good crawling and creeping can be mastered by most children, but this is only the halfway mark! Maximum benefits can accrue from these activities in terms of neurological organization only when children perform them automatically as well as perfectly. A child must practice perfect crawling and creeping until these functions are so inscribed on his brain that he does not have to think about what he is doing. Most of us had to think about every step of driving a car while learning but after driving for several years we perform the various functions automatically. After perfecting the mechanics of crawling and creeping, additional days of practice lie ahead. When a child can stop and start, go fast or slow to commands without losing good form, he has gained what should be one of our major objectives—a more efficient central nervous system.

Since it is important to teach perfect crawling and creeping, instructors must be familiar with proper method. Perfect crawling is accomplished by moving forward in the prone position in a smooth and coordinated manner in which right hand and left leg work simultaneously and left hand and right leg follow in the same manner (cross pattern). Perfect creeping is accomplished by moving forward on the hands and knees in a smooth, coordinated, and perfect cross pattern. Hands should be flat on the floor with fingers pointed straight ahead; feet should be relaxed and toes in contact with the floor. Eyes should focus on the back of the forward hand.

Developmental coordination activities are also important. A side-straddle hop (jumping jack) can easily be built into a self-motivating simple-to-complex series that students take pride in accomplishing. One sample series which has been used in programs designed specifically for neurologically disorganized youngsters is shown in the box at right.

Crawling and creeping have been used since the turn of the century as postural exercises; they are still used today to treat patients with functional scoliosis. These activities have been found to have preventive value when applied to children; they increase muscular strength and endurance, stimulate vestibular function which aids in improving balance, and are excellent basic motor activities. As physical educators we should not deprive mentally retarded children of any available opportunity to improve. To the best of our abilities we must provide activities to meet their needs. It is through participation in physical activities that many mentally retarded will improve physically, emotionally, and socially. Can we justify not adding neurologically?

COORDINATION SERIES BASED ON SIDE-STRADDLE-HOP

1. *Stand straight with hands on hips—*
(a) Jump feet apart
(b) Jump feet together
Continue.

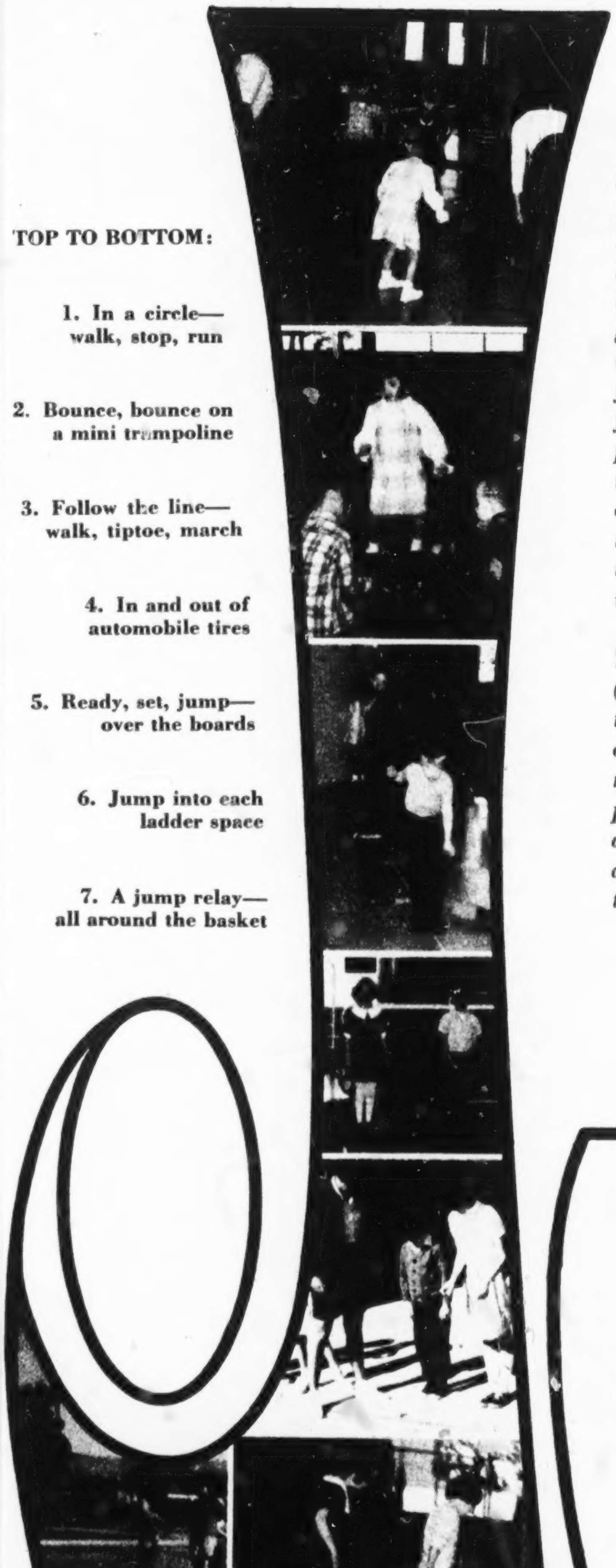
2. *Stand straight with hands at sides—*
(a) Jump feet apart and swing arms overhead and clap
(b) Jump feet together and bring arms back to sides
Continue.

3. *Stand straight with hands at sides—*
(a) Jump feet apart and swing arms to sides at shoulder level
(b) Jump feet together and swing arms to front at shoulder level
(c) Jump to (a) position
(d) Jump feet together and bring hands back to sides
Continue.

4. *Stand straight with hands at sides—*
(a) Jump feet apart and swing arms to front at shoulder level
(b) Jump feet together and swing arms to sides at shoulder level
(c) Jump to (a) position
(d) Jump feet together and bring hands back to sides
Continue.

5. *Stand straight with hands at side—*
(a) Jump right foot in front; left foot lands in starting position and arms swing to front at shoulder level
(b) Jump right foot to side; left foot lands on starting position and arms swing to side at shoulder level
(c) Jump to (a) position
(d) Jump feet together and bring hands back to sides
Repeat with left foot and continue.

JUMP



TOP TO BOTTOM:

1. In a circle—walk, stop, run
2. Bounce, bounce on a mini trampoline
3. Follow the line—walk, tiptoe, march
4. In and out of automobile tires
5. Ready, set, jump—over the boards
6. Jump into each ladder space
7. A jump relay—all around the basket

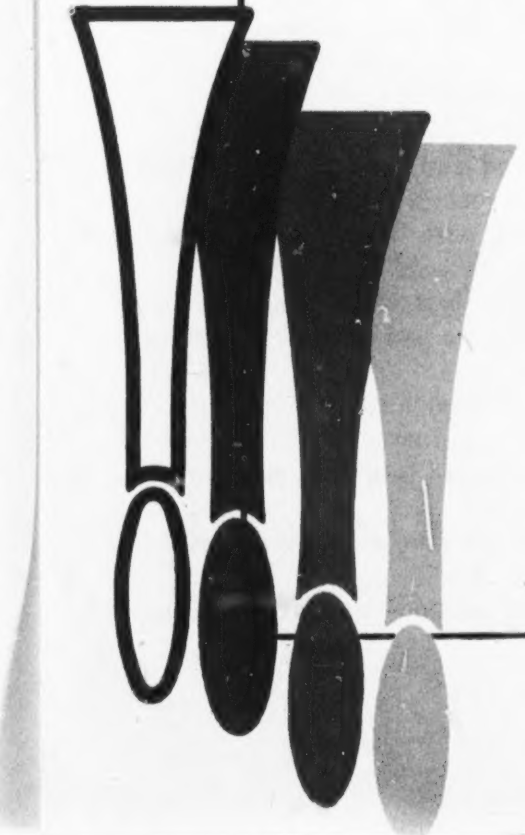
SO OFTEN educators are bound by tradition and convention in their attempts to develop new materials and fresh approaches to meet the needs of youngsters they serve. In no area is there more conservatism, maintenance of the status quo, and emphasis on the activity instead of the child than in curriculum building. Well-meaning individuals attempt to prescribe activities generically on the basis of mental age, chronological age, IQ, physique, and other seemingly important but often irrelevant and unrelated factors. Too frequently overlooked are such considerations as motivation, past experience, functional abilities, understanding of the task, and meaning of tasks to participants. It's high time we stop labeling children and start to label teaching methods and procedures. No longer can we justify approaches which require children to be molded to predetermined curriculum standards. Each child must be provided activities that are meaningful, functional, and challenging to him. To accomplish this, we must develop sequential and progressive ways of teaching motor and physical skills.

The following sequence on the JUMP is being developed by Carolyn Hickey (Riverdale School, 18002 Riverdale, Anaheim, California) as part of a continuing effort of the AAPHER Unit on Programs for the Handicapped to encourage development of sequential lists of motor skills, fundamental movements, and physical activities as resources for personnel involved in programs for the retarded. Readers are encouraged to insert additional activities and to introduce different approaches for students of various age and function levels. We welcome reactions to this sequence and application of the concept to other fundamental skills and basic motor activities.

SEQUENTIAL AND DEVELOPMENTAL ACTIVITIES LEADING TO THE JUMP FOR AMBULATORY, SEVERELY MENTALLY RETARDED

- Walk to rhythmic background music
- March to rhythmic background music
- Move in various ways to music—introduce folk dance patterns
- Walk on the toes (heels, sides of the feet)—swing the arms
- Run in place
- Walk on the toes (heels, sides of the feet)—swing the arms when moving forward (backward, sideways)
- Step into a tire and out again
- Use rhythm sticks in the hands when walking (toe walking, etc.)
- Walk on bounce board (tire, trampoline)—attempt to lift the body
- Jump on bounce board (innertube, tire)
- Walk up (down) an incline (ramp, steps)
- Jump down an incline (ramp, steps)
- Jump through a rope maize (ladder, objects such as rope or beams laid on the floor)—move over them
- Jump to the door for recess or to the next activity
- Repeat skills in various ways until the fear of weightlessness is lost and understanding of movements is developed. Repeat—*Repeat—REPEAT*—as youngsters work for rhythm and success.

TEACHING HINTS AND NOTES



- **Lift smaller boys and girls to encourage the feel of the jump. Larger children gain confidence and a feeling of weightlessness from the trampoline and similar kinds of "springy" apparatus**
- **Repetition promotes confidence**
- **Incorporate special jump activities—International Jump Week incorporates interesting, exciting, and stimulating jumping activities**
- **Severely retarded children need to realize they have *feet* and a *me* that can get off the ground. Continually reinforce proper mechanics of the jump—*feet together, bend those legs, push with the toes, swing those arms,* and *jump!***
- **Six-year-olds have learned to jump and can now jump a rope turned over their heads.**

Judith Edlund
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Ridge School, Towson, Maryland

FUN is where you find it

During the past few months, the trainable mentally retarded boys and girls (CA 6-19) at The Ridge School (Towson, Maryland) and I have devised numerous uses for 12 Army surplus shock absorbent pads (18" x 18" and 24" x 24", 6" in depth, and weighing 7½ and 15 pounds, respectively) which were given to us for use in our physical education program. The series of arm and leg exercises have been highly motivating and great fun for the children—and for me!

A popular approach with the children involves "My Exercise," a time when everyone does something with the pad he has never done before. Other explorative and discovery approaches have been productive and have stimulated the children to be creative and original as they solve problems posed by the teacher. As the children progress, don't overlook the many possibilities for use of the pad in games, relays, and other group activities. We've had a ball! Why don't you give it a try?

Activities primarily involving the legs:

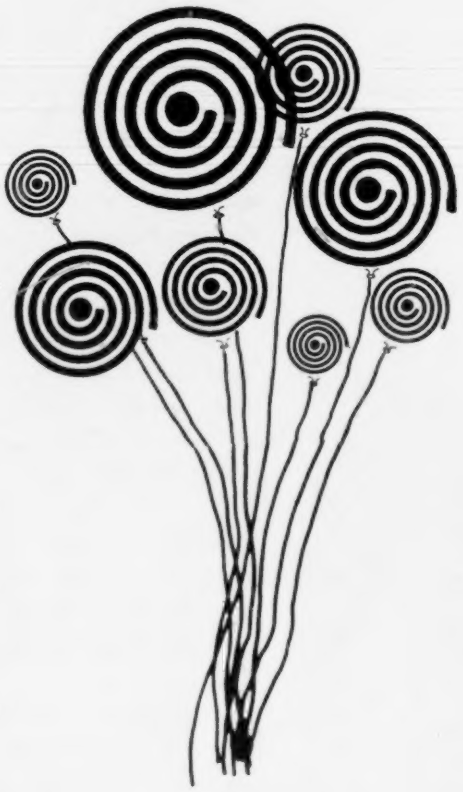
1. Sit on the pad and pull forward with the legs.
2. Sit on the pad and push backward with the legs.
3. Lie back on the pad and move forward (backward, sideways) across the floor.
4. Sit on the floor and push the pad with the feet.
5. Place the pad on the floor and push it with the hands, walking behind the pad.
6. Balance the pad on one side and push it across the floor.
7. Sit on the pad and spin around—and around—and around.
8. Hold the pad between the knees, walk, and keep the pad off the floor.

Activities primarily involving the arms:

1. Sit on the pad with the legs crossed and move across the floor by using the arms.
2. Lie on the stomach on the pad and scoot forward (backward).
3. Carry the pad in the arms, holding it close to the chest (out and away from the body, over the head, to the side, behind the neck).
4. Carry the pad as a sack of flour.
5. Lift the pad onto the head, balance it, and walk.
6. Lift the pad over the head and slam it to the floor. (Encourage the children to make a loud noise.)
7. Lift the pad onto the head, push it toward the ceiling, and slowly lower it back to the head.
8. Hold the pad in front of the chest, extend the arms and then flex them, making sure the pad is kept at the same height throughout.
9. Toss the pad into the air and catch it.
10. Toss the pad for distance (accuracy).
11. Place the pad on the floor, crawl behind it, and push it across the floor.
12. Kneel on the pad and use the arms to move across the floor.
13. Lie on the pad and spin around—and around—and around.

balloons

effective teaching materials



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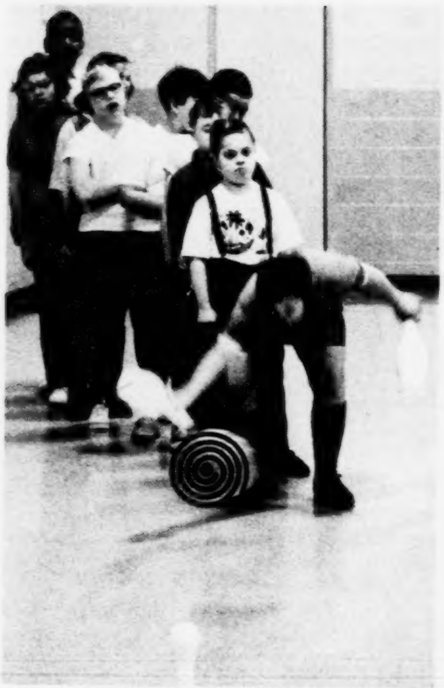
Balloons ordinarily make one think of party decorations, circuses, zoos, or sky rides. However, balloons have many qualities which make them excellent devices to use in teaching different physical-motor skills. Color, ability to fall slowly and to move relatively short distances when hit, inexpensiveness, and their natural appeal to individuals of all ages make balloons effective teaching tools, their qualities are especially motivating to children and their uses are many; even balls do not possess all the potential of balloons.

Any formation—scatter, circle, single or double line, open or closed, standing or sitting—can be used to introduce balloons to groups. Skills to be taught and skill level of each child influence the size of balloon which can be used. Initially children may have to pass around partially inflated balloons; gradually inflate the balloons to provide greater challenges and to add to the fun. The children quickly develop an awareness of the special qualities of balloons so that many different activities and skills can be introduced. Here are some examples:

- Pass a balloon over the head or between the legs from front to back or from back to front (a good introductory group activity which promotes hand-eye coordination)
- Kick a balloon (good for foot-eye coordination)
- Catch a balloon or try to keep one in the air; use both structured and unstructured approaches; use both hands and then each one individually (good for hand-eye coordination and as a lead-up to volleyball)
- Hit a balloon with a bowling pin, bleach bottle, or other object

Various couple or two line activities can be used to improve locomotor skills. For instance, place a balloon between two students and have them walk forward, backward, or sideways; this instills feelings of cooperation and helps develop walking skills. Two partners can move — walk, run, jump, hop, skip, gallop, leap — from point to point while hitting a balloon back and forth. This not only contributes to hand-eye and foot-eye coordination but uses other visual abilities — depth perception and peripheral vision in particular. Walking, jumping, or hopping with a balloon between the legs provides still different ways to approach locomotor skills.

Obstacle or confidence courses can be devised. Children can hit, push, or kick balloons around, in and out, over and under, or through objects to help develop various skills and concepts. Many different skills and concepts can be incorporated into formal and informal situations in which simple devices are used. Indoor hockey can be introduced with balloons used in place of pucks. Racket games can be initiated with balloons instead of balls or shuttlecocks. Balloons do not move as fast as pucks, birds, or balls so that the learning situation is more enjoyable and these children can experience a great deal more success.



Pushing balloons with pins in hands

Pushing balloons in the air with both hands

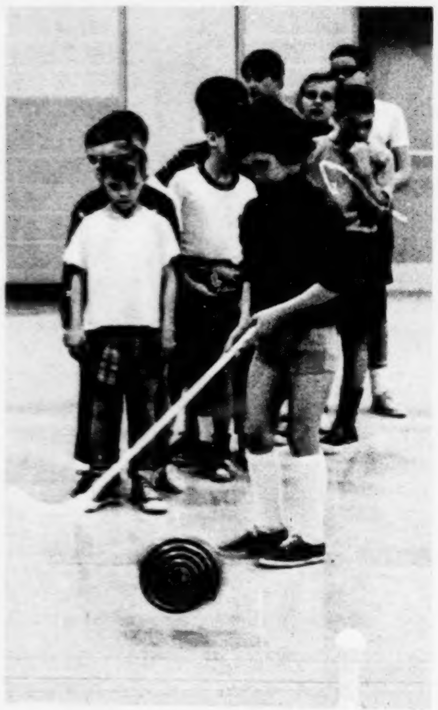
Balloons can be combined with other pieces of apparatus to provide still more creative, exciting, and productive learning situations for the child. For example, the youngster can hit, push, or kick a balloon as he navigates a gym dolly or scooter. Activities are limited only by the imagination and creativeness of teachers and their students.

Multihandicapped, very young, awkward, hyperactive, and hypoactive children can enjoy activities with balloons. Even those in wheelchairs or on crutches can participate in activities in which balloons are used. Balloons hung from the ceiling or from a post offer opportunities for hand-eye coordination exercises; modified tetherball can be introduced in this way. Students can play balloon-basketball! Place them around a table and put a box on the table. Participants attempt to hit the balloon into a basket (box). Pins or other objects can be used in this game in place of the hands. Often it is necessary to start with a large balloon and decrease its size as the children gain in reaction, skill, and confidence. This, of course, is just good developmental teaching designed to meet each child's individual needs.

By pushing up the foot rests on wheelchairs, students can kick balloons. At first the balloon may have to be pushed with a stick or similar object; gradually they will be able to push it with ther feet and finally actually kick the balloon.

Static electricity, which causes balloons to stick to clothing, can be alleviated by putting a small amount of water into the balloons before they are inflated. This also helps in controlling the movement of the balloon.

Youngsters will often try to push a balloon across a mat and at the same time attempt to creep or crawl. Activities with balloons are motivating to both the wheelchair and the more able, mobile students. They often participate vigorously and willingly in activities with balloons that might otherwise be rather boring and lack challenge.



Pushing balloons with plastic hockey sticks

Pushing balloons with feet (water in balloons)

Music

THE LITTLE MUSIC MAKERS

CATHARINE STURDIVANT
RECREATION INSTRUCTOR
FORT CUSTER STATE HOME
AUGUSTA, MICHIGAN

IN THE SPRING OF 1966, 14 boys (CA 9-15, median MA 4 years) slowly trekked into my room for their special music class. This rather routine and unobtrusive start was the beginning of our own rhythm band, "The Little Music Makers." Although I play no musical instrument, I do love music, and was anxious to organize, plan, and conduct a music program at Fort Custer State Home. The first few sessions were used to acquaint the boys with rhythm instruments—their names, what they looked like, how to play them, and the sounds they make. We began the actual playing with rhythm sticks, which were easy to use, great for keeping time, and did not distract others when a child could not beat them in rhythm. No boy was excluded because he could not keep time; instead he was made to feel important as a member of the group and was given a suitable instrument and part he could manage and blend in with the rest of the group.

Background music was selected from records where the tempo was appropriate for the group—not too slow and not too fast. Records made it possible for the instructor to direct, observe, and correct individual players as needed without stopping the group, since we had no accompanist.

As the boys improved, additional instruments were introduced — maracas, triangles, tambourines, cymbals, and drums. Tone blocks and additional rhythm instruments will be added in the future. Musical elimination was used to teach the children to stop when the music stopped. In this game the child had to stop playing his instrument when the music stopped or he was eliminated. Soon, all of the boys were able to stop at the right time, which was a necessary prerequisite for part playing. The boys worked on counting, time, tempo, and dynamics. They did have difficulty learning that *fast* music did not always have to be *loud* but could also be played *softly*. In time, after patient practice, they learned to follow Ella Jenkins' "Adventures in Rhythm" without any prompting or outside assistance.

Now, the Little Music Makers work with records which require quite complicated part playing. They even help each other with their parts. Each boy is given an opportunity to solo and to take part in duets or trios to help build confidence and self-esteem and to encourage his best performance.

Music appreciation is a part of the curriculum. The boys are taught that music is composed for dancing, singing, to accompany instruments, and for listening. An original ditty was used to remind the boys it was listening time—"We have used our hands; we have used our mouths; now it's time to use our ears." They would then sit quietly listening to a symphony or classical number, and applaud appropriately and enthusiastically at its completion.

A few of the boys have shown potential and readiness for simple standard musical instruments. This addition to the program will be undertaken when a music therapist can be added to the staff.

The benefits realized extend to other areas. For instance, when children can count on the beat of the music, this is an indication that they may be ready to learn number concepts. As they perform before the group, involvement and concentration help to overcome shyness, thus preparing them for increased self-expression in other learning situations. The children are now able to associate music and instruments used in class with performances on radio, television, and in a variety of other circumstances away from the classroom.

Another interesting observation has been that a child given specific instructions may appear to not have understood them by his malperformance, but then will proceed to help his classmates carry out the identical directions! This is demonstrative of an inability to coordinate performance with instructions, a problem which may exist in his other classes and of which all his teachers should be aware.

Opportunities have been given our Little Music Makers to perform for groups visiting the institution and to give programs for clubs in the community. They enjoy performing for an audience and take their bows like little veterans.

Some of the records used for the class are as follows:

MUSIC TO WHICH WE PLAY

Music for Exceptional Children, Record I. Summy Birchard Co., Evanston, Ill.

Honor Your Partner Album of Rhythm. Square Dance Associates, Freeport, N.Y.

Solo Parts for All Instruments. Classroom Material, Inc., 93 Myrtle Drive, Great Neck, N.Y.

Folk Music from Many Lands, Ruth White. Rhythms Productions, Box 34485, Los Angeles, Calif.

Adventures in Rhythm, Ella Jenkins. Folkway Records, 117 West 46th Street, New York, N.Y.

MUSIC TO WHICH WE SING

Music Festivals of Walt Disney. Pickwick Sales Corp., Long Island City, N.Y.

Bingo, Michael Herman. Radio Corporation of America, Camden, N.J.

Music for Exceptional Children, Records I and II. Summy Birchard Co., Evanston, Ill.

MUSIC TO WHICH WE LISTEN

Finlandia, The Danish State Radio Symphony Orchestra. Radio Corporation of America, Camden, N.J.

The Sound of Strings, Michael Leighton and His Orchestra. Kapp Records, Inc., New York, N.Y.

MUSICAL RECREATION FOR THE MENTALLY RETARDED

Roselle Holthusen, Stevens Point, Wisconsin, Public Schools

Music is something in which the mentally retarded can happily and successfully participate. The movement and rhythm of music seem to: (1) bring release from undesirable impulses, (2) help a retarded child sublimate aggressive and destructive urges and channelize disorganized energy into social, acceptable activity, and (3) increase integration of body and mind. It seems to especially help the child with aggressive, inhibited, anxious behavior patterns.

According to Schlatter and Swendsen (*An Experiment in Recreation with the Mentally Retarded,* Illinois Dept. of Public Welfare), "Recreation is the easiest and best facility to orient a retarded child to other children. It is especially important to emphasize the value of musical games. Rhythm plays an important part in group play and organization among those who have low mental processes."

All musical activities, from the simplest rhythms to playing in an orchestra, seem to promote group organization and unity. One reason for this is the lack of competition; another is the fact that rhythm is a basic form of communication.

There are many suitable recreation activities of a musical nature for retarded children. *Musical Participation:* Community singing (popular music, hill-billy, semi-religious); choir or chorus; square dancing (simple formation); folk and singing games (simple for young and low levels, more complex for advanced groups); interpretive and spontaneous activities (simple for young child, more complex for the few with special abilities); rhythm bands; drum corps and marching groups (usually selected groups); band and orchestra (advanced abilities); individual instruments (harmonica, accordian). *Musical Appreciation:* record players, radio, television, guest bands or orchestras.

MUSIC POWER

Willaby Kletter
Sampson State School Division
Willard State Hospital
Willard, New York

The mentally retarded seem to have innate music ability; even the most severely retarded respond to rhythms with movement. They dance, clap, stamp feet, nod heads, or simply sway back and forth.

Music provides ways for the retarded to express their feelings and to communicate with others. Retardates often express themselves effectively in nonverbal but symbolic ways since many lack adequate vocabularies or have speech difficulties. The retardate can make himself understood, release his inner feelings, express himself through movement, and give meaning to his words through dancing, simple rhythms, playing instruments, and through other musical activities. Music can give more meaning to words. Varying dynamic levels, using various instruments, rhythms, and actions to express words or concepts aids in developing better understanding of words and promotes learning.

Coordination may be enhanced through participation in various musical activities. Playing rhythm instruments requires various coordinations since one has to feel the beat and then elicit a correct response to produce sound; ear, eye, and hand coordination are factors in responding correctly. Large- and small-muscle coordination can be improved through finger play songs—*Where is Thumbkin?*, *I'm a Little Teapot*—and through imitative play—moving like animals and other mimetic activities.

Musical activities can help retardates learn the meaning of belonging to groups where each is part of the whole and every individual is as important and valuable as the next. In a chorus or rhythm band the retarded learn to listen to instructions and to follow directions. Musical groups provide excellent chances to perform and show-off before classmates and strangers. Tours and service activities also provide valuable opportunities for retardates to perform before a variety of audiences and to learn about their community and state. Performances give participants much needed self-satisfaction and self-fulfillment.

The following are representative of musical activities which have been used successfully with adult retardates ages 21 to 86 with an average IQ of 30.

Action songs. Participants in stationary positions express words through their own body movements. This helps to give retardates a more complete understanding of their meanings.

Singing games. Participants usually perform these large-group activities in circles while students lead and act out stories. These games give student leaders opportunities to show their classmates what they can do.

Singing the beat. The teacher sings phrases using numbers rather than words; the class repeats after the teacher. For example, in presenting *This Old Man* the first phrase (sung to the appropriate tune) would be 1 and 2, 1 and 2, 1 and 2 and 1 and 2.

Singing syllables. The teacher sings various patterns, usually consisting of no more than five sounds, and the class repeats them. Initially one syllable per pattern is sufficient; different rhythms can be introduced. This activity is fun, creative, and helps retardates with various speech difficulties.

Marching. Retardates are very receptive to the rhythm, beat, and tempo of the 4/4 time which makes marching one of the favorite rhythmic activities. Many actions can be incorporated with marches—clapping, following the leader, playing rhythm instruments, stamping the feet.

Ball activities to music. Individuals who seldom succeed in a task can find bouncing a ball to the beat of music quite challenging and satisfying. There are many variations in which one or two persons can bounce, roll, or throw balls to each other. Balls can be thrown higher as the music gets louder or kept low when music is soft. Other patterns can include rhythm bouncing, form bouncing (square, circle, triangle), speed bouncing, and directional activities.

Locomotor movements. Participants walk, jump, hop, skip, gallop, prance, slide, glide to the beat of a piano, drum, or record. Identification games can be introduced in which students perform movements according to different musical beats. Variations can be added by having students perform movements while negotiating an obstacle course or while using a circular rope or parachute.

Rhythm band. Students with rhythm instruments play simultaneously or each instrumental section plays a different rhythm while playing a specific piece. Teachers can direct different sections, each with its own rhythm, to enter the song at different times.

Dancing. Students have opportunities to listen and follow directions when performing folk and square-dance patterns. Rock-and-roll and most popular dances are loved by retardates.

Listening to records. Quiet records have a calming effect which can be especially helpful at the end of a class period. Records may also provide appropriate background music for many nonmusical activities. Records play a major role in music-stop games such as *Freeze.* When the music stops everyone freezes. First the leader must say, "Freeze;" soon the association is made and merely taking off the record elicits the proper response—all stand still and smile with satisfaction.

Instrumental opportunities have not been as prevalent in programs for the retarded as other musical activities, however, some retardates have been taught to play various instruments. Personnel responsible for these programs should not overlook the possibilities.

Unfortunately, music has been limited in programs for the retarded because of our lack of expectation in them. They will surprise with what they can do when given the opportunity. The enthusiastic, interested, and inventive teacher will include a variety of musical activities to enable the retarded to live a fuller and more enjoyable life.

NOTE. *Musicall*, an approach to teaching the mentally retarded to play musical instruments, was developed by Dr. Richard Weber, Trenton State College, Trenton, New Jersey. Four 16mm sound films concerning Dr. Weber's methods are available from the Governor's Interagency Council on Mental Retardation, 1001 Main Street, Room 205, Columbia, South Carolina 29201.

SINGING

AN EFFECTIVE METHOD FOR REACHING MENTALLY RETARDED CHILDREN

Roy McGlone and F. William Happ
Laradon Hall School for Exceptional Children
Denver, Colorado

Singing is usually included in programs for mentally handicapped children to provide relaxing, entertaining, and enjoyable activities for the participants. Worthy as these objectives are, singing and other musical activities have much greater potential as a means of attaining a variety of other educational objectives. Children can learn systematically to use words and sequences of words; to control and strengthen their breathing; to learn to dance; to become more aware of geography and history; to begin to read; and at the same time, to have fun!

This approach is being emphasized at Laradon Hall School for Exceptional Children, Denver, Colorado, where music classes meet for 35 minutes every morning. Participation is not limited by chronological age, grade, mental status, or physical complications; youngsters five years of age and newcomers to Laradon Hall are as much at home in this program as are older and long-time students. Three teachers direct the program for the group of 65 trainable students (IQ 25-40).

Each class opens with a flag ceremony; after a patriotic song, most of the children parade around the playground or gym to slow march music. Letters and numbers have been painted on benches for younger children, who sit on selected letters or numbers until they can name them with ease and then are assigned to another. In this way the children are taught the shapes and names of the symbols as a preliminary step to more formal instruction in reading and writing.

Although a number of musical instruments have been tried, none has been nearly as successful or well-received

All day long,
they call it the Garden of Hope.
And for 35 minutes every
morning, it is also
the Garden of Music.
Mr. McGlone's harmonica
and everybody's
American flag play leading
roles in the daily classes.

by the children as a harmonica amplified through a loudspeaker. The mouth organ allows the teacher to see the children face-to-face, to observe their reactions, and to interrupt the music at any time, to explain something or to make a correction. The students, who often select the songs to be sung, are familiar with some 200 melodies, which include nursery rhymes, classics, spirituals, hymns, and popular, folk, jazz, and novelty songs. The teacher often starts a song by playing one note at a time, pausing between each. It is amazing to see how eager the students are to identify the intended song from a few notes.

Identification of colors, names, geographical locations, and animals is a part of the program. The teacher may ask, "Who can name the color mentioned?" as certain songs are played—*White Christmas* and *Blue Danube,* or "Whose name is this?" with songs like *Danny Boy* and *Billy Boy,* or "What place is named?" with *Chicago* and *Old New York.* Birds and other animals can be identified from songs like the *Woody Woodpecker Song, Turkey in the Straw, Pop Goes the Weasel, Donkey Serenade,* and *Doggie in the Window.*

During the last five or ten minutes the younger children and newcomers are usually given an opportunity for self-expression by being allowed to copy dances they have seen performed by the older and more advanced students. Lively tunes, such as *La Raspa,* really catch their interest, and they are encouraged to use a variety of steps as the rhythm changes. The youngest children love to march in place to tunes like *March Militaire* and the many excellent Sousa marches.

Short ceremonies are arranged for special occasions—singing *Happy Birthday* to a classmate or *Auld Lang Syne* to one departing. Several methods are used to make the music class effective and enjoyable for everyone. Tunes are sometimes chosen so that all can clap hands in rhythm; some children are capable of using quite complicated patterns. Wednesday is audition time—any child who wishes to do so may sing, using the microphone. These performers always receive loud applause. Occasionally, tapes are made of a child singing his favorite song; they enjoy listening to their own voices.

The complete music program has proved to be of great educational value. In addition, the passive child is stimulated; the hyperactive finds relaxation; and often the one who comes in with a frown leaves with a smile.

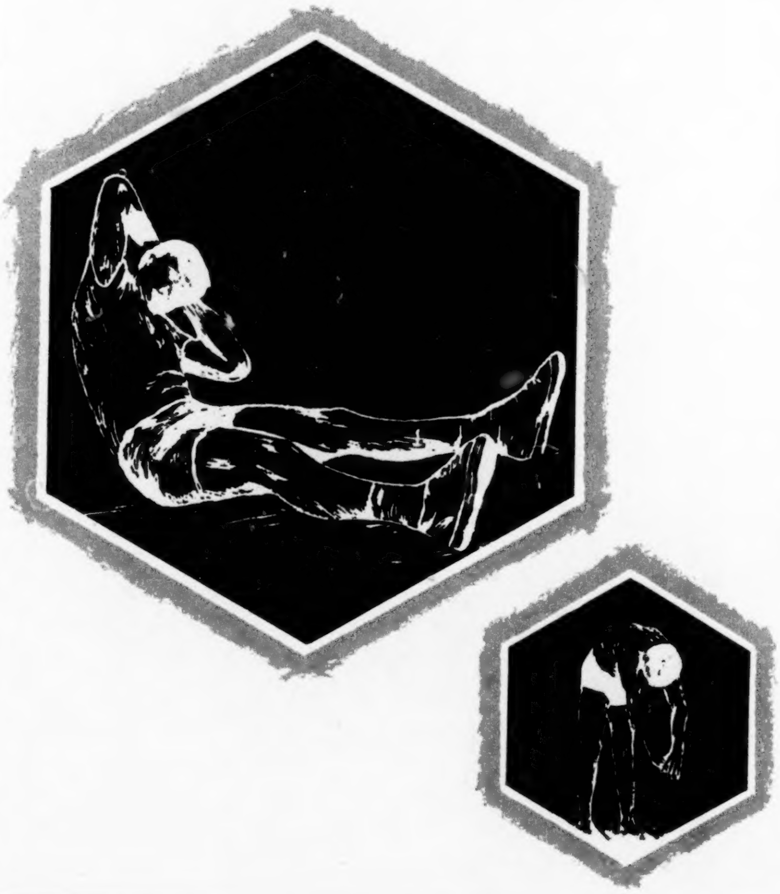
Physical Education and Fitness

the Name of the Game is FITNESS

by Stephen J. Libicer, Jr.
Youth Development Center
New Castle, Pennsylvania

Youth development centers in many states are attempting to meet the needs of young men who have been labeled delinquents. However, not all boys are committed to these institutions because of specific crimes. Some are sent because of truancy, others because of unfit environment, and a few because they are on the verge of delinquency. Trained staffs at these residential schools attempt to change violent behavior patterns of both delinquents and potential delinquents. Many professionals have generalized that youngsters entering this type of school are not healthy or physically fit individuals; but contrary to popular beliefs, delinquents are as healthy, if not healthier, and as physically fit as their nondelinquent contemporaries. With this in mind, the Physical Education Department at the Youth Development Center in New Castle, Pennsylvania, created an adapted physical education program for delinquent boys 15 to 18 years of age. Adapted physical education was selected since delinquents have emotional and behavior difficulties which necessitate special provisions in their educational programs.

The program was undertaken with the premise that most delinquents are healthy and physically able. However, in our opinion, this physical ability has not been properly developed. Delinquent children have not received appropriate education or been provided opportunities to use their physical capabilities for anything other than self-protection or aggressive behavior. Therefore, we placed new students in adapted physical education classes stressing physical fitness activities and aquatics.



The introductory fitness program lasted six weeks and included four segments. First, each boy was tested to determine his individual weaknesses around which his program for the six-week period was developed. Three weeks of the program were devoted to adapted physical education activities at primary and junior high school levels; and another three weeks were devoted to adapted physical education activities at senior high level. Aquatics was taught throughout the six weeks. The weekly schedule consisted of three days of physical fitness activities in the gymnasium or on the field and two days in the swimming pool. The aquatics program was closely coordinated with the physical fitness program to aid breath control and to improve body coordination.

The program was flexible and provided ample opportunities for youngsters with high levels of physical fitness and excellent body control. These students were permitted to advance as quickly as possible to the senior level where they remained for the rest of the introductory program. Students continued in regularly planned aquatic activities throughout the introductory program, after which they participated in beginning, advanced beginning, intermediate, or advanced levels for those interested in earning senior life-saving certificates.

Effects and reactions of participating in the physical fitness program were provided by 31 students who, after a physical examination, took part in the six-week program. Performances on each segment of the physical fitness program were evaluated and individual interviews with each student were conducted to determine their reactions to the program and its effects on them. Findings showed that:

- 81 percent showed definite improvement in physical fitness.
- 71 percent indicated a desire to be physically fit and felt the program provided the essentials to become physically fit individuals.
- 68 percent of the participants showed improvement in physical fitness as well as a definite improvement in attitude toward physical fitness.
- 19 percent showed no improvement in physical fitness but did indicate some improvement in attitude toward physical fitness.
- 19 percent showed no definite improvement in physical fitness.
- 17 percent said that they did not care about the physical fitness program one way or the other.
- 13 percent failed to show any interest in physical fitness and refused to participate after the first class.
- 12 percent said the program did not help them.

Some professionals believe that motivating delinquent students to participate actively in a physical fitness program is difficult. We believe this is true in our institution and in other schools for male or female delinquents. However, we feel our students recognized our sincere interest in and concern for their acquisition of high levels of physical fitness. From our interest and enthusiasm these students seemingly developed an interest in becoming physically fit. We not only wanted our students to become physically fit but wanted them to develop more self-respect and *improved behavior*. "One influential force for effective control of misbehavior is expertness. If the students perceive that the teacher has a deep understanding and wide knowledge of the subjects they are to learn, control problems diminish."[1]

The following explanation by W. C. Kvaraceus and W. B. Miller provides insight which may be useful to those working with delinquent children:

> Delinquency is frequently regarded as a form of deviant behavior. Such a concept assumes the existence of a unitary system of institutional norms. But there are many institutional systems and, hence, many norms. The norms of the dominant middle class serve as the main vantage point (or disadvantage point) for interested and concerned lay and professional workers. Prevalent forms of norm-violating behavior, seen through this window, may appear to be distortion or aberrancy; but if viewed, for example, in terms of lower-class, street-corner society, the delinquency may appear as conduct that yields status and prestige as illustrated by attitudes toward car theft and early sex experiences in certain neighborhoods.[2]

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[1] William J. Gnagey. *Controlling Classroom Behavior.* Washington, D.C.: National Education Association, 1965. p. 28.

[2] William C. Kvaraceus and Walter B. Miller. *Delinquent Behavior, Culture and the Individual.* Washington, D.C.: National Education Association, 1959. p. 41.

SPECIAL PLACEMENT SERVICE

The American Association for Health, Physical Education, and Recreation's Unit on Programs for the Handicapped is continuing its Special Placement Service in physical education and recreation for the handicapped. This free information and referral service is available to *individuals* seeking positions in physical education or recreation for the handicapped and to *schools, residential facilities, day care centers, recreation departments, colleges,* and *universities,* and *volunteer, public, private,* and *semi-private agencies* seeking personnel for positions in physical education and recreation for the handicapped. Information, appropriate forms, and exact procedures of operation can be obtained from Special Placement Service, AAHPER, 1201 16th St., N.W., Washington, D.C. 20036.

I II III PHYSICAL EDUCATION CLASSES FOR MENTALLY RETARDED

I. Wooster, Ohio

Judith Pilch, Elementary School Physical Education Instructor,
Wooster City Schools

Elementary level classes for children requiring special education are held at the Melrose School, Wooster, Ohio. In an attempt to set up a satisfactory physical education program based on individual needs, the children were placed in three groups. Those without physical handicaps and with reasonable motor ability were placed in physical education classes with children near their own chronological age and at a grade level at which the physical education instructor and special education teacher felt they would achieve some success. The second group was made up of those children not ready to participate socially, physically, or mentally in a regular program of physical education. The third group contained physically handicapped children.

The first group, which was integrated into regular classes at various levels, responded very well. The biggest improvement seemed to be in social acceptance and an improved attitude of self-value. Some of these children possessed good skill ability and had been held back by the extremes of motor ability found in their own group of special education students. In some cases, the integrated physical education class was their first experience in achieving a feeling of being wanted by a group for their own worth. They were well accepted by the other children without any undue emphasis placed upon their entrance into the group.

The second group was divided into two sections, a primary group for children aged 7 to 10 and an intermediate group for children aged 11 to 15. These children carried on a program of activities from the regular program planned for children of these age groups with necessary modifications to meet the special needs of the group.

The third group was made up of those children in both primary and intermediate special education classes who were physically handicapped or students with very low motor ability. These children were the cerebral palsied, epileptic, brain damaged, and those termed "slow learners" with poor coordination and skill ability.

The principal, physical education instructor, and classroom teacher thought swimming would prove beneficial to these children. In the absence of available funds and with only two indoor swimming pools in the community, it became necessary to experiment with a volunteer type program. The local YMCA donated the use of its pool for twelve 30-minute lessons; instructors were provided by the local American Red Cross on the ratio of one instructor for every two children; the mothers of Melrose School provided the necessary transportation. The result was a swimming program with no cost to the school system.

It was the opinion of all concerned that the benefits derived far outweighed any problems involved, and the swimming class is now being run for the second year. This time it is held at the high school swimming pool with the regular physical education instructor acting as coordinator for the volunteer aides. Transportation is once more being handled by mothers.

While these children are attending public schools, they still present a special problem to the physical education teacher because of the wide range of abilities within the group. The experimental program at Melrose School appears to meet the varied needs of the educable retarded children in the public school. This is one solution to the problem of providing an individualized program using local resources and a minimum of financial assistance.

II. Jacksonville, Florida

Aileen Vines and Eleanor Coleman
Duval County Recreation Department

The Duval County Recreation Department, in Jacksonville, Florida, has offered weekly 30-minute physical education classes for mentally retarded children for the past four years. Other than daily free play, this is the only physical activity available to these children.

Since the children do not respond to self-directed play situations, each session must be well planned, effectively organized, and efficiently administered. The short interest span of the majority and the hyperactivity of some make close supervision a necessity.

Sessions begin with exercises. In running approximately 300 yards, the children like to be started officially ("on your marks," "set," "go!"). Sometimes they run as airplanes with arms extended and motor roaring or as dogs, horses, or other animals with appropriate sounds; the children enjoy pretending.

A circle formation is used for easier supervision of formal exercises. These include the calisthenics usually found in comparable sessions with nonretarded children of similar chronological and/or mental ages.

Games of low organization serve as the nucleus of the program. Circle stride ball is the favorite of all ages. In all elimination-type games only one child is eliminated at a time. As the next child is eliminated, the former returns to the circle. A penalty is sometimes imposed on the child who is eliminated: for example, four sit-ups, two modified push-ups, or run to a designated spot and return. The penalty imposed should be familiar and not distracting to other children.

Relay formations have been effective for practicing various skills; dribbling, running, walking, hopping (like a rabbit, or like a kangaroo with a ball between the legs). In all relay formations, the children go to a designated spot and return to the original line. The single line formation has been found to be easier for the children to understand. Many retarded children do not comprehend competitive team effort, so emphasis has been placed on individual performance.

The older children enjoy and understand the fundamental rules of softball and kickball. When beginning softball instruction, a 16-inch ball is used to provide greater success in batting, fielding, and catching. A regulation 12-inch softball is introduced as soon as skill warrants. Kickball, including three kickers, a pitcher (usually the teacher), and the rest of the children as fielders, is a favorite with the younger children. The kicker changes places with the fielder who catches a kicked ball.

Discipline, due to lack of comprehension and lack of experience in responding to authority, is a primary problem. Hypersensitivity and varying degrees of social adjustment contribute to the problem.

There is a follow-up program for the parents to acquaint them with the importance of developing a child's physical potential as well as his mental capacity. This includes a practical regimen of activities to be carried on in the home in addition to play activities.

III. Salem, Oregon

WARREN LABOUNTY, CONSULTANT IN HEALTH AND PHYSICAL EDUCATION, SALEM PUBLIC SCHOOLS

Eight separate classes for mentally retarded children in the Salem, Oregon, Public Schools have a daily 30-minute period of physical education instruction. The classroom teacher, fully certified in education for the mentally retarded, is responsible for the physical education lesson. These teachers may call on the consultant in physical education for any help needed: demonstration lessons, conferences, and advice. Classroom teachers also attend the physical education inservice programs during the year and have available the local and state guides for elementary physical education. The program is based largely on activities selected from these two guides.

Horizontal ladders, jungle gyms, horizontal bars, swing rings, and tetherball equipment are available for use out-of-doors. Tumbling mats, balance beams, balls, bats, hoops, jump ropes, bean bags, and rhythm records are also used.

This year an experimental program, based on the movement principles of body awareness, space, effort, and relationships, is being introduced in the teaching of gymnastics, games, and rhythms. This type of movement exploration or basic movement program is extremely valuable in the development of motor ability and physical fitness for mentally retarded youngsters.

MODIFIED CIRCUIT TRAINING

DOLORES GEDDES, Director, Project Breakthrough, Boulder Valley School District Re2, Boulder, Colorado

The special physical education staff in the Boulder Valley School District Re2 has modified the circuit training method of physical conditioning for use with the boys and girls in Project Breakthrough. Circuit training gets its name from the fact that the participant makes one or more trips around a prescribed course, stopping at each station along the way to perform specified exercises. The difficulty of a circuit may be increased or decreased to fit the needs of the individual by changing the difficulty of the task at the several stations. This developmental fitness program conditions the cardiorespiratory system and most of the body's major muscle groups. Our circuit training program is conducted three times weekly as a substitute for the warm-up exercises usually performed at the beginning of each class period.

A circuit course can be set up anywhere space is available, either indoors or outdoors. Exercise stations are arranged in a circuit around a field or gymnasium floor and numbered consecutively. Students are instructed at each station as to the procedure and number of repetitions to be done at that particular station. An open running lane is needed on the outside of the exercise area for "jog-a-lap," and the space between stations should be such that students do not interfere with each other.

There are three variables in circuit training: (1) exercise load, (2) repetitions performed, and (3) time allowed to complete the circuit. In our program every child starts at the beginning level so that he may experience success. The beginning level is extremely low. Experimentation by the teacher is necessary to determine the ideal beginning success level for each class. Teachers should evaluate progress from observations and from the student's individual record card. When success has been experienced at the beginning levels, children are eligible to attempt the next higher or more difficult level. The "reward" of moving up to a higher level has provided motivation for the students to work harder to develop skills and to improve their levels of fitness.

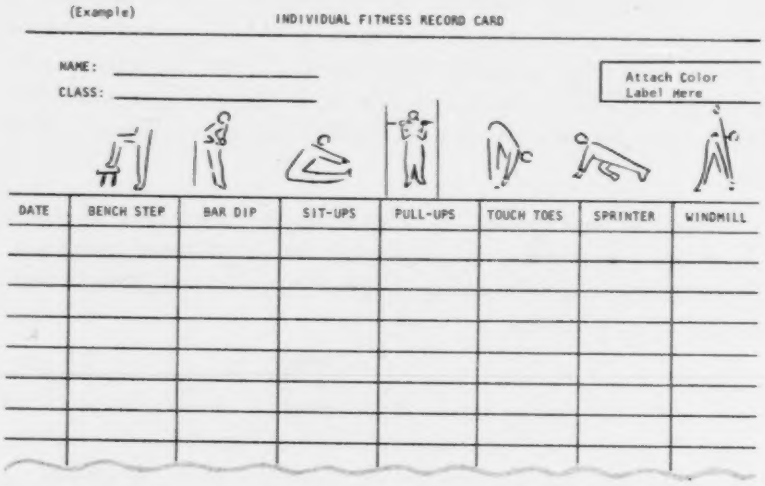
Modifications of the circuit are made for any secondary handicaps of the children. For example, the distance of jogging-a-lap may be reduced for one with impairment of the lower extremities. All children are encouraged to work toward the highest level so that they might attain their fullest potential. In addition, substitution of exercises may be made for individual students to develop strength in particularly weak areas. Students completing a circuit before the allotted time is up may begin again on the circuit; all are encouraged to complete the circuit as many times as possible. Another successful variation for us has been to give the more able students an opportunity to use the peg-boards or climbing ropes as soon as they have completed the circuit one time. This reward has added incentive for many to negotiate the circuit in a faster and more skillful manner.

ADMINISTRATION OF A MODIFIED CIRCUIT

Before starting any circuit training, each student must be instructed in the correct performance of the several exercises. It is essential that students understand the exercises. They should have an opportunity to watch demonstrations, and to have them explained; they should also have repeated the exercises enough so that they can perform each one properly and safely on their own. The children should be familiar with the sequential pattern of the circuit.

We used an "Exercise Chart" as a lead-up to actual circuit training. Since retarded students tend to be weak in self-direction, they may have to be helped at each station. At the beginning of the workout there should be no more than four students assigned to each station. The students may work in pairs or individually. They should be taken around the circuit by assistants in order to demonstrate their ability to read posters, to perform exercises, to use the "job-a-lap" flags, and to understand the direction of the circuit. On the command from the instructor, "Are you ready?" . . . "Go!" the students begin the exercises at each station on the circuit, all working independently of one another. An assistant helps each student keep count of the repetitions and corrects faulty performances. At the end of the time, the instructor calls "Stop!" and the students end the circuit. If cards are used, each student records the number of circuits and stations completed at the level on which he is working. Some of the students will have to have help in recording this information. Allowances should be made for slowness in recording; the mental retardate may have difficulty in directing his own exercises and in keeping the count.

All students are started on a beginning level where all can succeed. This beginning level is represented by a white label on the individual's card and by the white portion of the poster or board at each station. Each successive or harder level is indicated by another color. As students reach each different level, colored labels to match the new color on each station poster are attached to their cards to help them recognize the proper level.



(Example)

INDIVIDUAL FITNESS RECORD CARD

NAME: ____________

CLASS: ____________

Attach Color Label Here

DATE	BENCH STEP	BAR DIP	SIT-UPS	PULL-UPS	TOUCH TOES	SPRINTER	WINDMILL

The posters are drawn simply, with a basic picture of each exercise at the top. The levels are represented in color below the picture of the exercise to be done, and the number of repetitions of the exercises is printed for each level. The student matches the color of his label to the color of the level on the poster at each station and does that number of repetitions.

If the station poster has a red flag on it the student runs a lap before going to the next station. Arrows may also be put on the posters to indicate the direction to the next station.

MEANINGFUL METHODS AND PROCEDURES FOR CIRCUIT TRAINING

Circuit training for the mentally retarded applies learning principles stressed in special education: 1. *Concrete* rather than abstract opportunities are given the children as they "walk through" the entire circuit. 2. Teachers assist children in developing "motor generalizations" and help them *transfer* the experiences to other activities. 3. Activities at different circuit stations may emphasize the same major muscle groups or include those designed to *repeat* the skills in various ways. 4. Children *progress* from one level to another, using the easier level as a foundation for the next sequential step. 5. *Reinforcement* of the learning situation is given by means of visual, vocal, auditory, and kinesthetic modalities.

Color coding of the circuit posters is the primary visual reinforcement for the child, who is also taught to associate the figure on a station poster with the name of the exercise printed below. Vocal and auditory stimulation is used through the simple directions given and by a "count" procedure stressing action words instead of numbers. For example, in performing the sit-up, "up, touch, back, down" are repeated instead of the usual "1, 2, 3, 4." The strongest aid in the learning situation is the assistant who guides the child *kinesthetically* through the various movements and motion patterns.

Examples of applying these neurologically oriented principles are as follows: (1) placing a mirror in front of or beside the child learning an exercise—especially beneficial in teaching the push-up; (2) making a "reward chart" (see the November issue of *Challenge* for more information and a picture) on which gold stars are used to motivate learning and to stimulate the individual to higher levels of performance (the first column is a "success column" so that each child can achieve at least one level; the gold star reward is given only when he has exhibited the proper execution of the exercise pictured above the respective column; extra stars can be obtained by performing additional repititions of the exercise); (3) using an "exercise-chart" (see *Challenge*, November) as a lead-up to the circuit itself; and (4) making magnetic tape recordings of the children responding to the activities and to the teacher calling the individuals by name in pointing out correct performances and in giving praise. These recordings were made during the initial demonstrations of exercises and, when played back in subsequent periods, elicited great positive response and motivation from the students.

Modified circuit training is only one of many adapted methods which can be used with the educable mentally retarded on the intermediate through secondary levels. Circuit training is a very important part of the special physical education program in the Boulder Valley Public Schools. It is a program designed to provide the mentally retarded child with success experiences through participation in physical and recreational activities, and to contribute information concerning the effect of physical activity on the total development of these children.

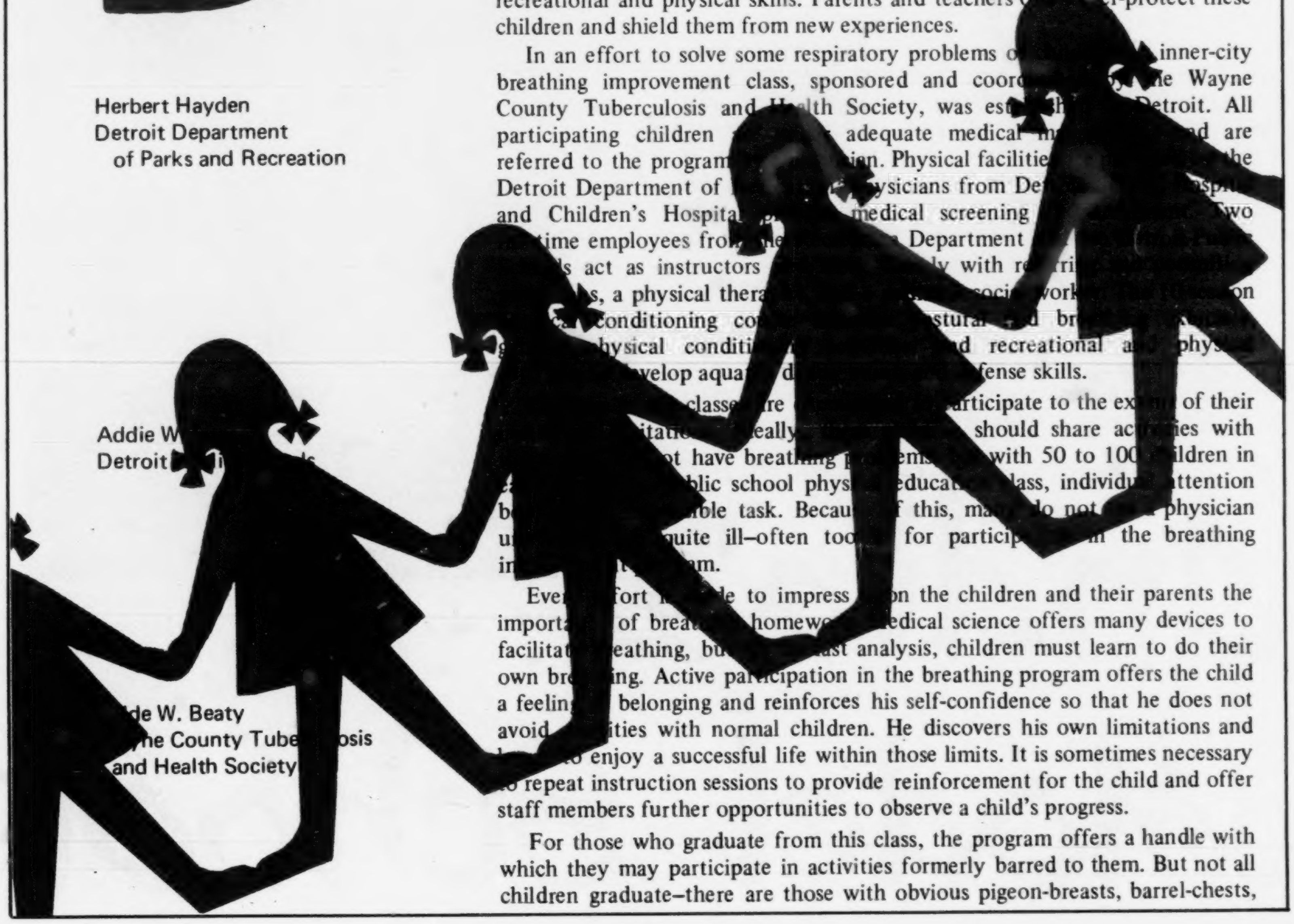
B is for breathing

Herbert Hayden
Detroit Department
of Parks and Recreation

Addie W[illegible]
Detroit [illegible]

[illegible]de W. Beaty
[illegible]ne County Tube[illegible]osis
and Health Society

For some people breathing is easy; for others, getting air in and out of their bodies is a difficult task. According to a recent U.S. Health Survey, asthma, hay fever, and other allergies account for one-third of all chronic conditions in children under 17 years of age. The first indication of respiratory difficulty may be shortness of breath, chronic cough, or sneezing. At the appearance of these signs, many parents consult a medical advisor, but some do not seek treatment for their child until he experiences a severe asthmatic attack. Proper medical care is important, but the child needs an individual emotional and physical conditioning regimen if he is to avoid becoming an adult respiratory cripple. Children with breathing problems tend to avoid participation in group activities which promote development of recreational and physical skills. Parents and teachers o[illegible]er-protect these children and shield them from new experiences.



In an effort to solve some respiratory problems o[illegible] inner-city breathing improvement class, sponsored and coord[illegible]e Wayne County Tuberculosis and [illegible]lth Society, was est[illegible] Detroit. All participating children [illegible] adequate medical [illegible]d are referred to the program [illegible]ian. Physical faciliti[illegible]he Detroit Department of [illegible]ysicians from De[illegible] and Children's Hospita[illegible] medical screening [illegible]wo [illegible]time employees fro[illegible] Department [illegible]s act as instructors [illegible]y with r[illegible] [illegible]s, a physical thera[illegible] soci[illegible]work[illegible]on [illegible]conditioning co[illegible]stural [illegible] br[illegible] [illegible]hysical conditi[illegible]d recreational a[illegible]phys[illegible] [illegible]velop aqua[illegible] d[illegible]fense skills.

[illegible] classe[illegible]re [illegible]articipate to the ex[illegible] of their [illegible]itati[illegible]eally [illegible] should share ac[illegible]ies with [illegible]ot have breat[illegible] [illegible]ems[illegible] with 50 to 100 [illegible]ildren in [illegible]blic school phys[illegible] educat[illegible]lass, individu[illegible]ttention b[illegible]ble task. Becau[illegible]f this, ma[illegible]do not [illegible] physician u[illegible]quite ill–often too[illegible] for particip[illegible] the breathing i[illegible]m.

Eve[illegible]fort [illegible]e to impress [illegible]on the children and their parents the importa[illegible] of brea[illegible] homew[illegible]edical science offers many devices to facilitat[illegible]eathing, bu[illegible]ast analysis, children must learn to do their own bre[illegible]ing. Active pa[illegible]cipation in the breathing program offers the child a feelin[illegible] belonging and reinforces his self-confidence so that he does not avoid [illegible]ities with normal children. He discovers his own limitations and [illegible] enjoy a successful life within those limits. It is sometimes necessary [illegible] repeat instruction sessions to provide reinforcement for the child and offer staff members further opportunities to observe a child's progress.

For those who graduate from this class, the program offers a handle with which they may participate in activities formerly barred to them. But not all children graduate–there are those with obvious pigeon-breasts, barrel-chests, or asthmatic conditions which will limit activity throughout their lives. How can these children be reached before extensive damage is done? Perhaps earlier detection and referral to the program is the answer.

It is not easy to measure tangible physiological progress as a result of these classes, but it is gratifying to see an apprehensive child stave off an asthmatic attack by calmly applying the technique of diaphragmatic breathing learned in the class; or to see a shy child gain self-confidence from learning to swim or from being able to blow out a candle 12 inches away.

Although breathing improvement classes do not represent a new idea, those involved felt that it has great potential. It may provide an opportunity for those in the health professions to combine their efforts for the welfare of children with special problems.

In addition to basic exercises such as the trunk twister, jumping jacks, and sit-ups, the following breathing exercises are employed in the program:

1. Sit on floor with shoulders, neck, and top of chest relaxed; with hands on stomach, pretend to sniff a flower. Feel the stomach rise when breathing in and sink when breathing out. Slowly breathe in to the count of 2, breathe out, making a slow hissing sound, to the count of 6.
2. Lie on stomach, extend arms in front of head. Lift and stretch arms and legs together (rocking chair).
3. Stand with arms at side, bring hands to chest with elbows out. Pull elbows out 3 times, stretching as far as possible. Fling arms straight up reaching as high as possible.
4. Lean over table; using one long breath, blow bits of paper or ping pong ball across table.
5. Stand with legs apart. Step to right side, stretch arms above head; clap. Bend, bring one arm down between legs and the other arm around leg; clap. Return to original position. Repeat exercise alternating right and left sides.
6. With one arm relaxed, drop head, round back, bend knees slightly. Swing arm sideways and up. Let arm drop and swing slightly across body in rhythmic count; repeat 8-10 times.

India's Model School

Satyavaty V. Char
Director, Child Guidance Clinic
College of Nursing
New Delhi, India

An experimental school for mentally retarded children was opened December 1964 in New Delhi, under sponsorship of India's Department of Social Welfare. The purpose of this pilot project was to demonstrate techniques of teaching mentally retarded children. Although the school building was not in excellent condition, it provided ample space for play areas and offered opportunity for the staff to experiment with new activities and approaches. At present the Model School has about 70 resident and 35 nonresident students.

Introducing physical education and recreational activities was one of the most important, encouraging, and productive projects. A one-and-one-half acre area was fenced in for the development of a play-to-learn center. Slides, swings, see-saws, ladders, jungle gyms, balance beams, climbing ropes, and other pieces of play apparatus were installed. A sand pit and areas

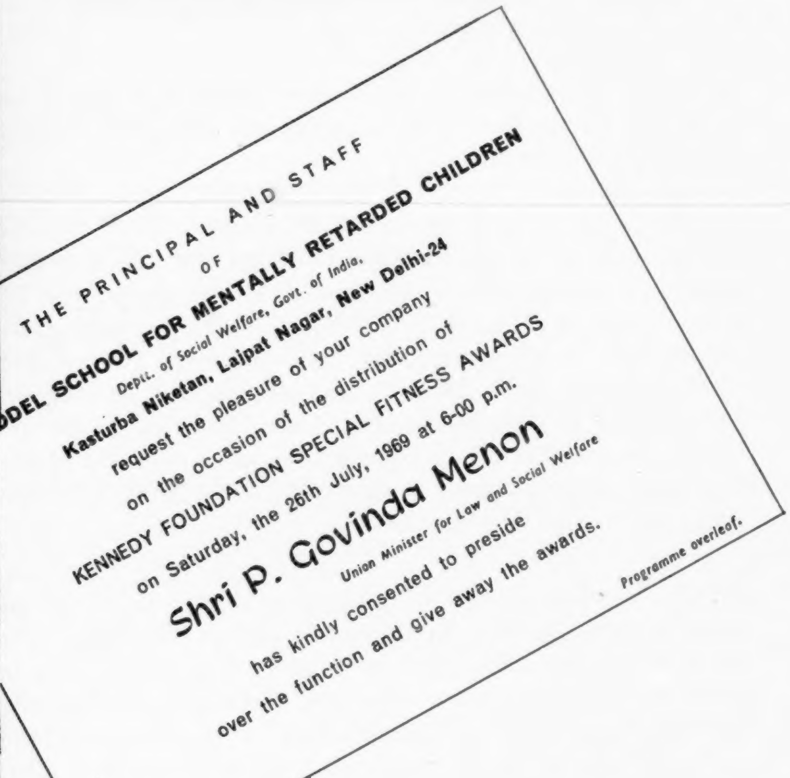
for high and long jump practice were built; ground around the enclosure was used as a running track. The children helped prepare the center by digging, leveling, fencing, and painting. Rope climbing, rope crossing, camping, badminton, and other outdoor activities were taught in this play-to-learn center.

A classroom was converted into a gymnasium and equipped with dumbells, a vaulting horse, balance beam, and a horizontal bar. Children played indoors with carum boards, ludo, snakes, and ladders; a television and radio were also available. One day a week was devoted to games and cultural activities such as music, folk and action songs, and drama.

Every morning children took part in drills, exercises, gymnastics, running, and jumping. It was soon discovered that these activities not only improved the health of the children but also increased their social skills. Even their height, weight, bearing, posture, gait, and speech became more like that of nonretarded children. As the children gained confidence they began to participate in competitions organized by other institutions. Success in games and physical activities improved their concentration in classroom activities, and their behavior in the dormitory and at home also showed considerable improvement. Many parents reported that their children talked about competitions in which they had participated, prizes they had won, and that they expressed an eagerness to return to the school program. The parents' attitudes toward their children, the school, and the staff prompted them to take a greater interest in the school's activities.

In December 1968, the AAHPER–Kennedy Foundation Special Fitness Award Program was introduced to ten children at the Model School. The number was gradually increased to 30. Children selected to participate in this program were required to be physically fit, independent in daily living, and socially competent. Activities were conducted by two teachers and one attendent each morning from 7 to 8. Although those in the program had to get up and be ready for activities an hour earlier than others, many students asked for permission to participate. There was an atmosphere of healthy competition among the participants. They showed visible social, emotional, intellectual, and physical improvement. Progress was noted at home by parents, in classrooms by teachers, and in the dormitory by staff members. At home these students played more with brothers, sisters, and friends; in classrooms they were more cheerful and more interested in their studies. Greater independence made them more helpful to the staff and to each other.

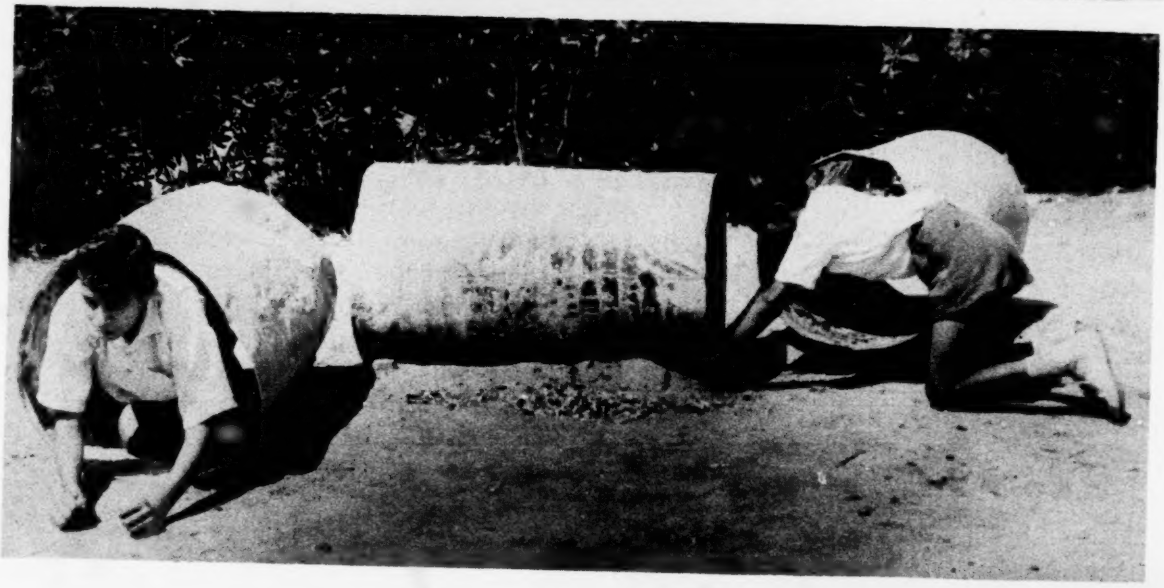
After only four months of participation in the program, 15 of the children had earned silver or gold awards. At a special function held at the school on July 16, Shri P. Govinda Menon, Union Minister for Law and Social Welfare, distributed the awards. The children demonstrated gymnastics and



THE PRINCIPAL AND STAFF
OF
DEL SCHOOL FOR MENTALLY RETARDED CHILDREN
Deptt. of Social Welfare, Govt. of India,
Kasturba Niketan, Lajpat Nagar, New Delhi-24
request the pleasure of your company
on the occasion of the distribution of
KENNEDY FOUNDATION SPECIAL FITNESS AWARDS
on Saturday, the 26th July, 1969 at 6-00 p.m.
Shri P. Govinda Menon
Union Minister for Law and Social Welfare
has kindly consented to preside
over the function and give away the awards.

R.S.V.P.
624328

Programme overleaf.



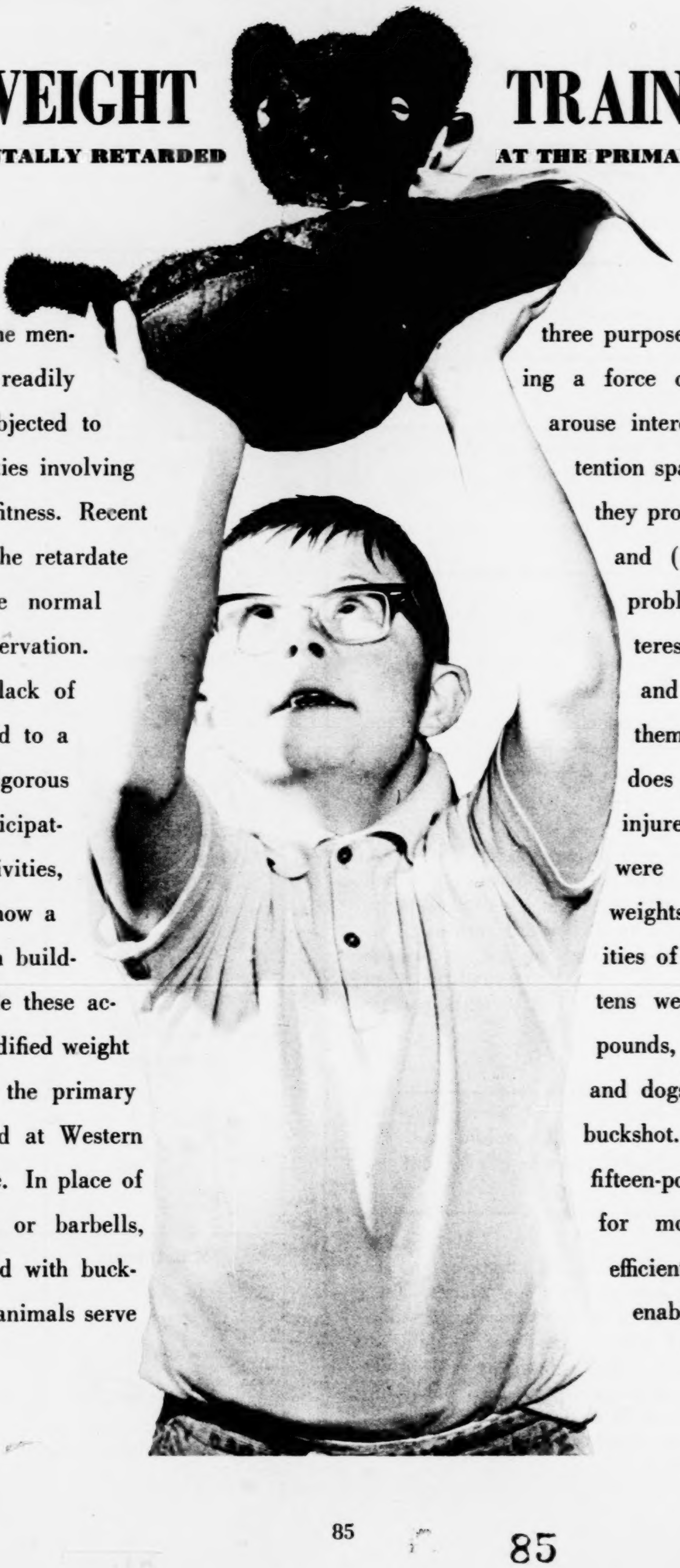
physical fitness activities which were much appreciated and applauded by the many parents, social workers, guest officials, and others in attendance.

The tremendous success of this experiment has encouraged the expansion of the program and the introduction of physical education and recreation activities in other institutions for the mentally retarded in India. The Special Fitness Manual and the short speech by Shri Govinda Menon have been reprinted and distributed to all institutions for the mentally retarded. Authorities at these schools have been asked to establish physical fitness programs. The India Federation for the Welfare of the Mentally Retarded also agreed to hold a Special Olympics for the retarded in New Delhi during India's "Mental Retardation Week" in December.

NOTE: The Government of India is interested in promoting rehabilitation for all handicapped persons, including the mentally retarded. Of the two million retarded children in India, only about 2,000 are receiving some form of education. The significance of the contributions of the Model School cannot be over-estimated. As principal of the school, Mrs. Char has provided much of the impetus, has contributed a great deal toward the organization of the program, and helped to foster its growth and development. As in other countries, personnel in India are seeing children accomplish tasks which a short time ago were considered impossible for the retarded.

WEIGHT TRAINING

FOR THE MENTALLY RETARDED AT THE PRIMARY LEVEL



The lack of strength of the mentally retarded child is readily apparent when he is subjected to physical education activities involving this element of physical fitness. Recent research on strength of the retardate in comparison with the normal child has verified this observation. To a great degree this lack of strength can be attributed to a lack of participation in vigorous exercise. Retardates participating in tumbling activities, stunts, and combatives show a definite need for strength building activities. To provide these activities, a program of modified weight training for children at the primary level has been developed at Western Washington State College. In place of the standard dumbbells or barbells, stuffed animals—weighted with buckshot—are used. Stuffed animals serve three purposes, in addition to providing a force of resistance: (1) they arouse interest and increase the attention span of the retardates; (2) they provide a motivating factor; and (3) they solve a safety problem. The children's interest is aroused by the toys and they enjoy cuddling them. Dropping the weights does not damage the floor or injure the children. Animals were stuffed with different weights to meet the varying abilities of the children. Black kittens were weighted with seven pounds, tigers with ten pounds, and dogs with fifteen pounds of buckshot. At this age level, a fifteen-pound weight is difficult for most children to handle efficiently. The different animals enable the instructor

James Lounsberry
Western Washington State College, Bellingham, Washington

to tell at a glance the poundage with which a child is working. The simplest way to organize for exercise is to place the animals on the floor in the desired position and have the children stand behind the appropriate animal.

The basic position for exercising is the "cuddle" position, with the animal held in the arms against the chest. See page 89.

From this basic position several exercises can be performed. The child is instructed to hold the animal over his head where everyone can see it and to hold it high, then lower it to the cuddle position. This exercise is similar to the military press. See page 87.

The second movement is patterned after the bent rowing exercise. The child bends at the waist, holding the animal in the cuddle position. From this position the weight is lowered to arm's length, then returned to the cuddle position.

From the cuddle position, standing erect, holding the animal in both hands, the child lowers it until his arms are extended at his thighs, then raises it to the cuddle position, thus simulating the two-arm curl.

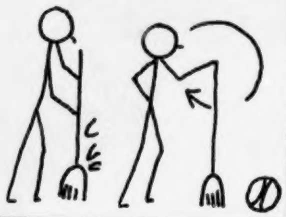
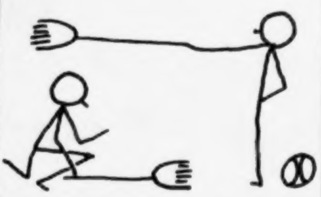
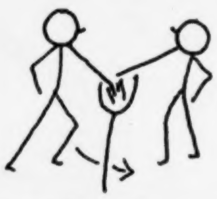
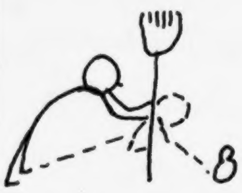
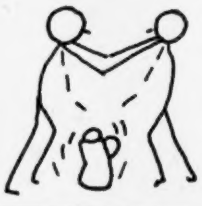
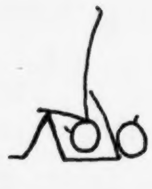
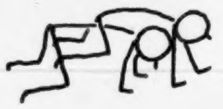
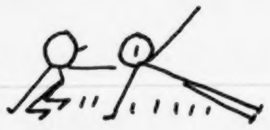
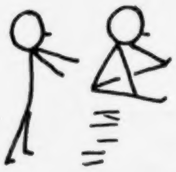
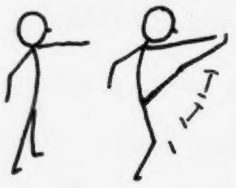
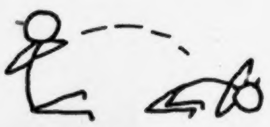
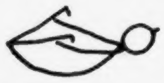
Squats can be performed in two ways. The simplest procedure is to have the child do a three-quarter knee bend, holding the animal in the cuddle position. A variation which the children enjoy is to hold the animals on their heads and do the three-quarter knee bend from this position. This technique is more beneficial than the simple squat because of the additional muscles used. Walking around the room with the weight held on the head is also excellent posture training.

The final exercise simulates the bench press. From a supine position, with the animal held in the cuddle position, the child raises it to arm's length where he can see it, then lowers it to his chest. See page 87.

Since the children vary in ability, the number of repetitions of each exercise becomes an individual matter. Each child is encouraged to do as many repetitions as possible. Only one set is attempted without progressive weight increases. Relays of running with the animals and lifting them from one level to another have proved enjoyable and seem to be of benefit. Research to determine the value of the program is contemplated in the near future.

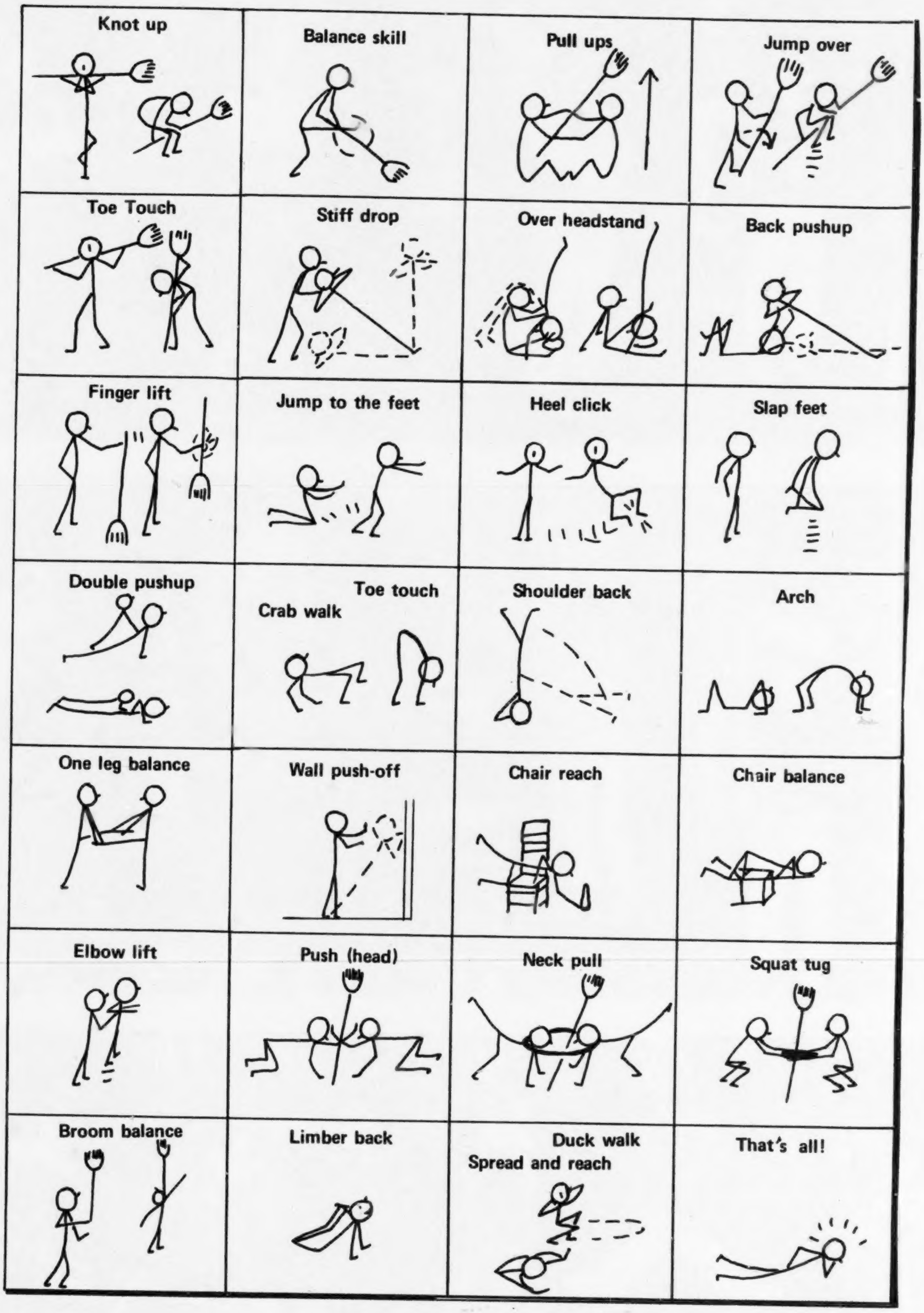
Stunts

Ernie Davis
Crowley Special School
82 Delos, St. Paul, Minnesota

Sweep clean 	**Broom lift** 
Pull over 	**Reach** 
Hit the bottle 	**Tummy headstand** 
The bug 	**Jump out** 
Russian step 	**High kick** 
½ Backbend 	**Tummy roll "V"** 

For additional stunts, see page 88.

D
B


Knot up
Balance skill
Pull ups
Jump over
Toe Touch
Stiff drop
Over headstand
Back pushup
Finger lift
Jump to the feet
Heel click
Slap feet
Double pushup
Toe touch
Crab walk
Shoulder back
Arch
One leg balance
Wall push-off
Chair reach
Chair balance
Elbow lift
Push (head)
Neck pull
Squat tug
Broom balance
Limber back
Duck walk
Spread and reach
That's all!

Swimming

RED CROSS LEARN-TO-SWIM CLASSES

Phil Pletcher, Supervisor, Elementary Physical Education, Washington Local Schools, Toledo, Ohio

A Red Cross Learn-to-Swim program for the elementary special education students of Washington local schools, Toledo, Ohio, has been in progress since early September of 1966. The program calls for the introduction of fundamentals of beginning swimming and water safety. In addition to regularly scheduled physical education sessions, each of the four classes has eight thirty-minute swimming sessions during each grading period.

The first class's progress has been so rapid that 90 percent of the boys and girls should receive the Red Cross Beginning Swimming Certificates. One factor contributing to the success of this program has been a teacher-pupil ratio of one to five which enables each student to receive individual attention and instruction while having a good social experience.

The program has been made possible through the cooperative efforts of the Washington Local School Board, the West Toledo YMCA, and the administrative staff of the Washington Local School District. The Washington Board assumes the funding and transportation costs of the program. The West Toledo YMCA provides the swimming facility and part of the volunteer water safety instructional staff. The school system's administrative staff organizes the curriculum and supplies the balance of the instructional staff.

The personnel involved in this program strongly believe that the cooperative effort of all groups has been the key to providing stimulating new skills and usable knowledge to children who otherwise would never have had such opportunities.

WATER ACTIVITY TO COMBAT PERCEPTUAL MOTOR PROBLEMS

By Edith DeBonis, Professor of Health and Physical Education, Southern Connecticut State College, New Haven, Connecticut

Water activity designed to help children move more efficiently, rather than to teach them to swim, has proven to be an exciting and promising new dimension in working with children with perceptual-motor problems. With this new approach, children are not taught to swim, although the fact that often they do learn is an added bonus. No demands are made on the children to perform structured, precise, simultaneous leg and arm movements, to learn certain strokes, nor is there formal instruction and drill in proper breathing. The frustration of attempting these demanding skills, for youngsters who already have problems with motor responses, has been removed. A creative method of discovering movement in the water has been substituted, and all children in the program—those who know how to swim and those who cannot—participate. Using small equipment, such as beach balls, hoops, pucks, pennies, flutterboards, stretch ropes, etc., youngsters discover the buoyancy of their bodies in the water. In the process of solving problems, they find they can duck their heads and can move their arms or legs, or both, to propel or lift their bodies, or to reach in different directions with their hands and feet. They can balance and do many things in the water without actually swimming.

By playing carefully selected games, the children's involvement in the activity is so complete that their movements almost become reflex responses. The incentive of wanting to do what everyone else is doing cannot be underestimated. The addition of music to accompany activities is another motivating force. Special activities such as walking relays are used to encourage movement in the water. At times, more directives need to be given to help the children recognize spatial concepts—right-left, in-out, up-down, forward-back, over-under. Awareness of personal and general space can be developed gradually by moving individually in one's own space. Children can see how far they can reach in any direction by stretching or curling with their hands, arms, legs, feet, or neck. Children can learn to plan their movements by designating general space with floating rope dividers. General space can be progressively enlarged, eventually removing the dividers to require children to plan where they can move with greatest security and safety. As they learn this, they move more freely and confidently.

To add further experiences for the children, have them enter the water from different spots and in different ways. For practicing balance, utilize a rope held taut on the bottom of the pool as a tightrope for the children to walk in heel-toe fashion; eyes can be closed as children develop ability and confidence. Having children bunny hop, with feet together, over the rope, gradually raised higher, can assist in the development of explosive power.

Such water activity helps children discover for themselves their overall movement potential. It is hoped that they will develop the personal cognitive security needed to feel free and confident in their movements not only in the water but in other environments. The extent of transfer of movement in water to that in other environments where the added problem of gravity is present is yet to be proved, but the prognosis leans toward the positive.

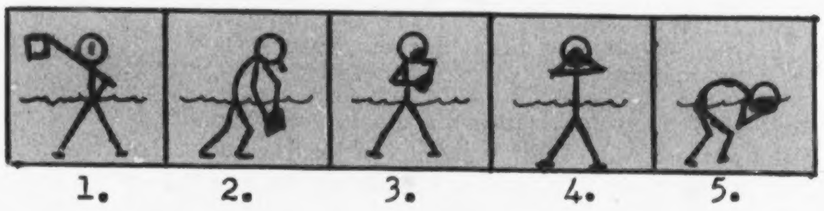
FRESH APPROACHES FOR COMBATING PERSISTENT PROBLEMS

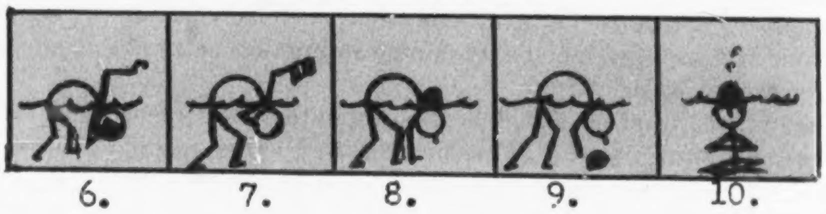
Ernie Davis, Crowley Special School, St. Paul, Minnesota

Can we actually determine a *single* best order in which to teach swimming skills to the retarded? Can we really determine a time schedule for moving on from one skill to the next?

Methods and materials used in teaching the mentally retarded to swim need to be reviewed, evaluated, and reclassified. Many swimming instructors have concluded that the basic methods of teaching swimming need to be revamped, especially those used with certain retardates — the young, those of low functional levels, the timid and fearful. There are many sequences and progressions which can be used effectively. The instructor must prepare a lesson for each individual, taking into consideration his total functional abilities. The traditional group approaches cannot be used with most retardates; the instructor must think, evaluate, and plan accordingly. He must be creative, find new devices, introduce fresh methods and approaches, and appeal to the individual retardate with whom he is working. The swimming instructor must be a psychologist, educator, friend, benefactor, and analyst, combined!

Methods which capitalize upon familiarity and security have been found to be the most effective with the mentally retarded. Since most children, from early infancy, have had the experience of having their faces washed with a soft washcloth, this old friend is brought to class with us. We do not create fear by using an approach which throws water into the child's eyes; there is no splashing. The child progresses at his own rate and has fun while he learns.





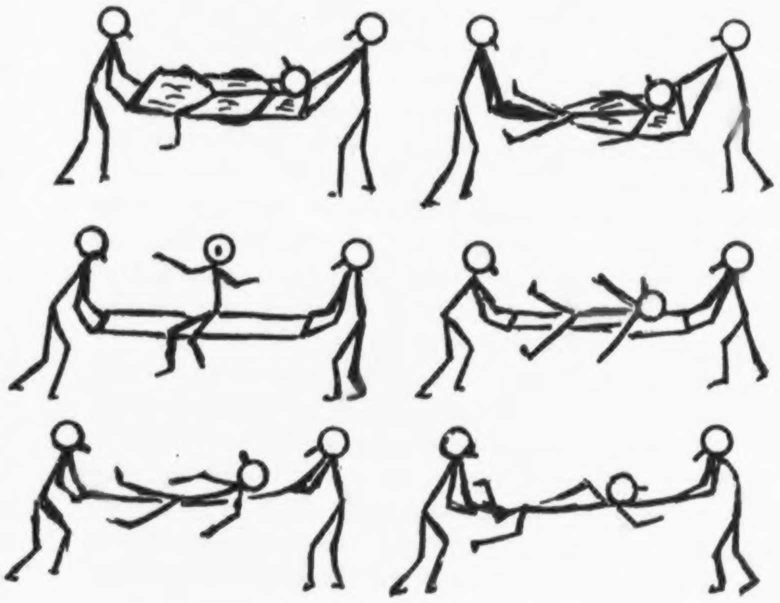
1. *Show everyone your washcloth. (I HAVE IT!)*
2. *Soak it in the water. (I DIP IT!)*
3. *Wring it out very well. (I WRING IT!)*
4. *Wash your face with it. (I WASH!)*
5. *Hold it to your face, and duck. (I SINK IT!)*
6. *Hold it to your face and wave. (I WAVE!)*
7. *Wave the washcloth. (I WAVE IT!)*
8. *Put it on the back of your head. (I BALL IT!)*
9. *Pick it up off the bottom. (I FIND IT!)*
10. *Sit Indian-style. (I'M A DUNKER!)*

NOTE: Even nonswimmers can hold on to one end of the towel, plank, or rope. While the devices below are simple ones, they certainly can work wonders for the instructor.

Many children are too small for the shallow end of the pool, so with towels we bring the bottom of the pool up to the child! There are many ways in which a towel can be used as an aid in helping a timid child to become accustomed to the water. The instructor must be alert for natural lateral movements which give clues to strokes and skills which might be most appropriate for the individual.

Have the child balance on a plank (2"x6"x8'), lie down, roll over, and move along it. As he gains confidence, encourage him to stay on the plank by using natural arm movements.

A length of rope can be used in the same way as the towel or board. As the child gains ability, one end of the support can be lowered so he is actually keeping these body parts afloat himself. Gradually the entire device can be lowered to allow the child to float on his own. However, keep the support close enough to him in the early stages so it can be reapplied if he starts to sink.



SWIMMING AND RECREATIONAL PROGRAMING AT THE LONGVIEW YMCA

Grace Reynolds, Director of Recreation and Swimming, Longview YMCA, Longview, Washington

The Young Men's Christian Association (Longview, Washington) has, for thirteen years, provided swimming and other recreational activities for the mentally retarded and physically handicapped. The program began with one swimming class for physically handicapped children and has grown to include swimming for all special education classes in the Longview-Kelso schools, a summer day camp program complete with overnight camp-outs for older students, and Saturday morning recreation sessions for the mentally retarded, during the school year. About 200 participants (CA 4-30) now take part in 11 swimming classes; 65 children attend each of four one-week day camp sessions; and 50 children participate in the Saturday morning recreation program.

The swimming program is staffed by 100 volunteers who are given special instruction and training for working with the mentally retarded and physically handicapped; those who do not have training in lifesaving work with children only in shallow water and under the direct supervision of experienced instructors. The school system, medical society, service clubs, fraternal organizations, and other groups and individuals interested in the program, all have contributed to its success.

Special skill sheets and progression techniques adapted to the needs of those involved in the program have been developed by the Longview YMCA staff. Many of the participants have satisfied regular YMCA and Red Cross requirements and have received appropriate awards. The children love the swimming program; their regular schoolteachers find the advantages go far beyond the acquisition of swimming and water safety skills. They feel swimming is a wonderful morale builder since special education children take part in the same environment, in an activity also enjoyed by their nonretarded contemporaries.

Camp Goodtimes, a day camp for mentally retarded and physically handicapped children, started as a cooperative program involving a number of local agencies. The YMCA is responsible for staffing and administering the camp; transportation is provided through the Red Cross motor pool; additional services are given by other groups, including the Cowlitz Valley Chapter of the Washington Association for Retarded Children, the City of Longview Park and Recreation Department, local schools, service clubs, and churches. Since some of these children have had very limited opportunities in going to new or different places or in having a variety of experiences, camp activities are carried out at a number of different sites. Hiking, games, storytelling, cook-outs, bowling, golfing, trips, and overnights are enjoyed by older campers at the Longview YMCA Camp at Spirit Lake.

Among 63 volunteers last summer were 50 teenagers who provided outstanding leadership. In the fall of 1967 these teenage volunteers organized TRY (Teens for Retarded Youth), as a service club for youth volunteers who serve in all of the Y's programs.

In response to requests and to meet the need for some type of winter recreation program, Club Goodtimes was begun in 1964. Impetus for initiating this program came from a senior high school YMCA girls club which wanted to help the mentally retarded, as one of its service projects. Over 40 children took part in a Saturday morning program at the YMCA; activities included story-telling, songs, games, simple crafts, and active play in the gym. During the past year a unit on physical fitness has been introduced in the Saturday program; the new AAHPER—Kennedy awards will be used to add incentive and motivation.

In-service training is being expanded through the Lower Columbia Community College, to include a training program for summer camp counselors and orientation sessions to demonstrate new techniques with the mentally retarded.

A feature of the program for the past six years has been an annual Workshop on Recreation and Swimming for the Mentally Retarded and Physically Handicapped. Each of these workshops has been attended by some 200 professional and volunteer workers from throughout the Northwest.

Editor's Note: *Proceedings from each of these workshops are available at a nominal fee. Requests for these and for additional information about the programs may be directed to Mrs. Grace Reynolds, c/o YMCA, 15th and Douglas, Box 1012, Longview, Washington 98632.*

Introduction to Swimming for the Deaf

By Louise Keffer, Director of Safety Program, American Red Cross
Evansville, Illinois Chapter

The Rehabilitation Center in Evansville, Indiana, has a deaf-oral nursery school which preschool deaf children (2-5 years of age) regularly attend for therapy. When the Center asked our Red Cross Chapter to consider conducting a special swimming program for these children, we set about to discover the special challenges involved. Observing them at play, we quickly learned that the children were deaf but *vocal;* squeals of delight were common. These children could lip read, finger spell, read skill cards, and use sign language, so communication was no problem. They obviously understood some words and simple commands, though the therapist advised us that they might hear us say a word and learn to repeat it without knowing what the word meant. They were well adjusted, both to their handicap and to social groups. As in all groups of children, there were leaders and there were followers; aggressive children and retiring children; and willful children who, when they desired not to hear a command or reprimand, simply tuned you out by turning off their hearing aids! Of course, they didn't wear hearing aids in the pool, so we had to find other ways of tuning in. We were told that we might have trouble convincing the children to remove their prized hearing aids; one youngster cried for two days before her parents discovered that she was upset because her aid was broken.

After reflecting upon the situation, we decided to begin the swimming program at the Center. We considered beginning with plastic dishpans filled with water, but remembering their activity, and the problem of control without communication, decided that might create a minor flood! Then we hit upon the idea of using the Hubbard Tank. There were valid reasons for using it—the surroundings were familiar, the Hubbard Tank wouldn't present an unexpected, frightening, wide expanse of water, and the people who removed those precious hearing aids were therapists the children knew and trusted. We counted on the novelty of the situation to overcome objections, and it did just that.

We filled the 5,000-gallon tank three-quarters full, had the water temperature at 88°, and floated a dozen ping pong balls on the surface. Trying to combine words with actions, we secured a child's attention—sometimes having to hold his face toward ours—carefully articulated the word *blow,* and then gently blew a ping pong ball across the water. Comprehension wasn't long in coming, and soon ping pong balls were being blown all around the tank. The next step was to say *blow* and put our mouths underwater and blow. Before we left the tank that first day, all but one youngster had had at least his mouth underwater. We felt as though we had accomplished a lot. We had quite an audience that day—parents, physical therapists, speech therapists, audiologists, psychologists, and social workers, none of whom stayed dry. Preschoolers can splash a lot of water! Visiting the dried and dressed children in the nursery before we left, the smiles, waves, and soft bye-byes were both encouraging and rewarding.

After two sessions in the tank, the transition to the YWCA pool was made with ease. They knew us, they saw those floating ping pong balls, and the pool was just a big Hubbard Tank. Working with children on a one-to-one basis, our instructors communicated by demonstration. We kept reminding ourselves to articulate carefully and to keep commands simple. We hunted for ways to motivate without overchallenging. The children learned both the sound and the meaning of some words associated with swimming and put them into action. Vocabularies may have been limited, but they recognized the look of approval on our faces. They had a tendency to tune us out if we were advocating something they didn't want to do, but in general, they were willing and cooperative. For us, working with these youngsters has been one of life's most rewarding and interesting experiences.

WHAT A DIFFERENCE A YEAR MAKES

Judy Newman
Angel View Crippled Children's Foundation
Desert Hot Springs, California

Swim patterning, a procedure for treating physically handicapped and brain-damaged children, was introduced a year ago at Angel View Crippled Children's Foundation, Desert Hot Springs, California. Swim patterning is designed to help the handicapped develop residual muscle strength through positive movements of the arms and legs. Water provides additional resistance to help develop strength. Children at Angel View who could not move their legs because of weaknesses resulting from polio, have strengthened their legs through patterning and through execution of various strokes.

Swim patterning of brain-damaged and neurologically handicapped children is now more readily accepted by authorities as a reliable therapeutic measure. It can stimulate unaffected brain cells to take over functions of atrophied or damaged cells. In learning to coordinate use of arms, legs, and head with breathing, a child's concentration is often automatically increased. Motivation to learn is often so strong that during swim therapy a cerebral palsied or brain-damaged child often attempts feats previously considered impossible for him.

At the beginning of the program all children at Angel View were individually evaluated by the Foundation's medical director to determine their functional levels. Programs, treatments, and activities are changed according to the child's progress and the results of re-evaluations made at regular intervals. Due to the many physical, mental, and emotional problems of the children, a great variety of abilities and disabilities must be dealt with. Planning and programing has also been complicated by differences among patients with the same diagnosis. However, every child has achieved some new aquatic skill through the experimental swim-patterning program.

Most children, even those with little or no use or control of their arms and legs developed some range of motion in their limbs after just a few months. Some children progressed more rapidly than others but each moved at his own pace. Individual patterning and programing within each patient's limits resulted in success and achievement for all. Until recently an accepted procedure was to tie each cerebral palsied child into a rubber tube and let him float around the pool. There were no specific goals other than to give each child a pleasurable experience. Very seldom were attempts made at teaching the children–especially–the older ones–to swim. Although just being in the water is beneficial to the patients, floating aimlessly while tied in a tube is not enough. When the swimming pool at Angel View opened one year ago, all cerebral palsied children were tied in tubes and placed in the pool. They were frightened when water splashed in their faces; they couldn't blow bubbles with their faces in the water. Only with constant supervision could they keep their faces out of the water. Now, after a year of hard work these children are, in their own fashion, swimming around the pool. They hold their heads high, laugh, and sing as they execute their patterns. Even those who must still use tubes have learned to use their

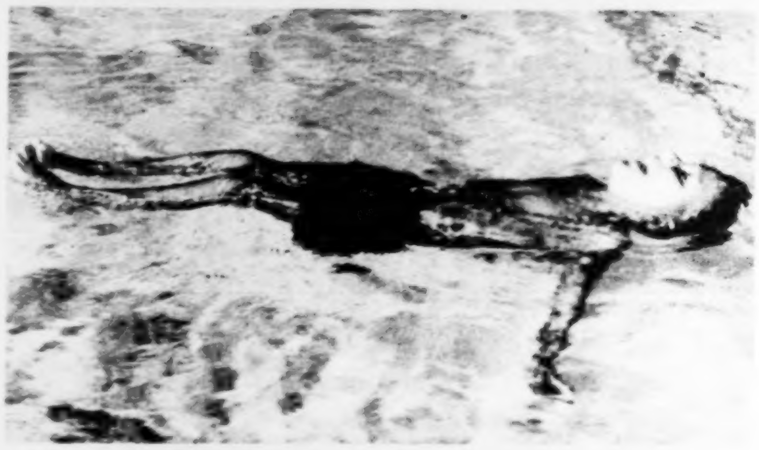
arms and legs alternately in rhythmic movements. Progress is slow but it is improvement, not performance, that is the goal of swim patterning programs for the severely handicapped.

All cerebral palsied children in our program now do rhymic breathing with faces in the water; they also do breath-control exercises. It is especially important to cerebral palsied and brain-damaged children to have a regular program of breathing exercises since many of these children have limited vital capacities and many respiratory difficulties. Breathing exercises in water can help the handicapped child more nearly achieve maximal vital capacity. The necessity for getting sufficient amounts of air at regular intervals and with the pressure of water, tends to force the patient to breathe more deeply than usual; this strengthens chest muscles and promotes lower-chest, rather than upper-chest breathing.

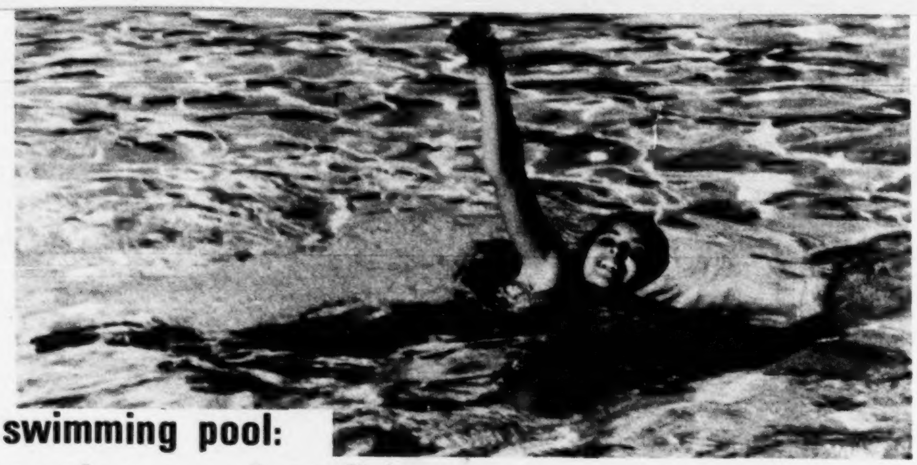
Every child eagerly awaits his turn to be patterned. Each child is proud of every new skill mastered. All children daily practice swimming skills, gait walking in water, prone and back floats. Many who could not balance well enough to sit on the side of the pool a few months ago, now do so without assistance; they balance on the edge, do front-sitting dives, and swim to the surface. Attention spans have improved markedly; non-talkers have begun to talk; general behavior problems have all but vanished. Motivation in older children is evident in areas other than swimming. Since they are overcoming difficulties involved in learning to swim, they feel they can tackle other worthwhile challenges in their lives.

Children are aware that swim patterning teaches them to use their arms which make it possible to dress and feed themselves. Some are learning to type; others hope to learn a trade; all want to be self-sufficient. Increased activity and motivation have given them satisfaction and confidence; they are more cooperative and willing to accept other prescribed therapies with fewer complaints and with more successful results. Discipline, that indispensable necessity of life, is easier to accept when one has some skill of which he can be proud.

Maybe the most important contribution of all is the handicapped child's ability to assess his limitations and to create for himself a better acceptance of life. This leads to better self-concepts and more positive self-images. Even severely physically handicapped and brain-damaged children are obtaining new hope for their future as self-sufficient and independent citizens.



NOTE: This experimental program was developed and directed by Judy Newman, Director of Swim Therapy, Angel View Crippled Children's Foundation. Mrs. Newman is recognized as an outstanding swim therapist and developer of swim patterning. The program described was introduced a year ago with the dedication of a new swimming pool at the foundation.



JUDY NEWMAN
Director, Swim Therapy Department, Angel View Crippled Children's Foundation, 12379 Miracle Hill Road, Desert Hot Springs, California

From wheelchair to swimming pool:
She bubbles with happiness and confidence

Learning to swim is a fun experience for children, but, for the physically handicapped swimming opens the gates to whole new worlds. In the water they are less handicapped and their conditions less apparent. As they perfect swimming skills, confidence soars and they begin to think of success in other areas. They are then ready, within the limits of personal disabilities, to help restore themselves physically, socially, psychologically, and vocationally.

A 14-year old postpolio patient at Angel View Crippled Children's Foundation, Desert Hot Springs, California, provides a gratifying example of the great benefits of swimming. She contracted poliomyelitis when one and one-half years of age; after running a high fever for five days, she became paralyzed from the waist down. Most postpolio children have involvement of the lower limbs, although often only one leg is paralyzed; the degree of involvement depends upon how badly nerve cells are injured. After surgery on both legs, this girl finally regained some use of her right leg. The left leg was put in a long brace, and without it she still uses a wheelchair.

When she began swim therapy two years ago she could dog paddle short distances with her head out of water. Regular breathing exercises in the water were used to increase her vital capacity and to give her greater endurance. The necessity of breathing at regular intervals, along with the pressure of water, forces one to breathe more deeply than usual. This strengthens chest muscles and promotes lower chest, rather than upper chest, breathing. These same exercises promote and improve circulation.

Each of her swim sessions was divided into four 15-minute segments: breathing exercises (prone and back floating); arm strokes (she began with the front crawl); swim patterning exercises for the legs; free play.

Long-range goals were established so she would not become discouraged when progress was slow. She was told repeatedly, "It is more important to be a pretty swimmer with correct strokes than to learn many strokes quickly and sloppily!"

At the end of the first year, she did the front crawl and breast stroke with rhythmic breathing, side stroke, over arm side stroke, back crawl, and elementary back stroke; she swam underwater, could surface dive, performed an assisted front standing dive, and swam one-quarter mile *daily* without tiring. Since her left leg still had no function and she was swimming with arms only, she was discouraged and thought to continue patterning the left leg was of no value. Even though it seemed hopeless to her, she was persuaded to continue. At the end of another six months she began to have some action with the left leg. *What a thrill!*

Swim patterning continued at a faster pace and soon she was using her left leg in a good breast stroke kick (both front and back), and in a fair flutter kick. Now she can do a basic front dive without assistance and swims one-half mile without tiring. Today she is a happy, poised teenager who assists with the school yearbook and newspaper at Raymond-Cree Junior High School, Palm Springs, California. She is learning to be a dental assistant and the chief staff dentist who instructs her reports that she is a very apt pupil.

Her success in overcoming the difficulties in becoming an excellent swimmer has given her a better acceptance of life. Her positive self-image is evident as she bubbles with happiness and self-confidence.

Adapted Swimming

Susan J. Grosse, Gaenslen School, Milwaukee, Wisconsin

Swimming has long been considered a beneficial activity for the handicapped as well as for the nonhandicapped. However, the nature of a handicapping condition often necessitates modification and adaptation of methods and approaches to insure maximum safety, maximum participation, and optimum learning and enjoyment. The following summary of adaptations of teaching methods, equipment, facilities, and safety precautions may serve as a guide for those teaching swimming to students with physical, mental, or sensory handicaps. These considerations are in addition to usual safety precautions and teaching techniques used for nonhandicapped students. Adaptations presented here are listed according to specific handicaps but are in no way limited to those conditions.

Auditorally Impaired

Make greater use of in-water demonstrations.

Simple verbal cues or directions should be an integral part of the demonstration.

Be certain that each student is watching (listening) when directions are given, and avoid obstructing the view of your face while speaking. Speak clearly, naturally, and at a normal rate–do not over-enunciate.

A red light at the deep end of the pool and a green light at the shallow end helps students to orient themselves in the water.

Be aware that many auditorally handicapped students may have breathing difficulties due to insufficient breath control, and that potential complications such as balance problems, head noises, and susceptibility to ear infection may be aggrevated by submersion in water.

Mentally Retarded and Learning Disabled

Language should be kept simple.

A variety of activities should be offered for practicing any one skill.

Anticipate a slower, more repetitious program.

Emotionally Disturbed

Activities should be kept short and simple with calm, structured, and controlled situations.

High levels of competition or frustration should be avoided.

Direct confrontation with a student over matters of discipline may be avoided by diverting his attention or changing the activity.

Physically Handicapped

Facilities must be accessible to students in wheelchairs.

Dressing, shower, and rest room facilities should be as close as possible to the pool.

Provide assistance for those needing help in dressing and undressing, making sure that the student or instructor knows how to replace braces properly.

Have available ramps, inclined steps, or hoists to assist students in getting in and out of the pool, but encourage students to get in and out of the pool alone whenever possible. Work with limb action which the student possesses, rather than stressing limb action he does not possess.

Remember that cold water increases muscular contractions of the cerebral palsied; contractions also hinder prone and supine recovery action.

Visually Handicapped

Using precise but simple verbal directions, provide students with a detailed orientation of their physical surroundings.

Let students touch the instructor as he demonstrates movement.

Guide students passively through desired movements.

Place a metronome or radio at the shallow end of the pool so that students may orient themselves. A rope should be tied across the pool to separate the shallow end from the deep end.

Remember that when a blind student looses contact with a stationary surface, such as the pool bottom, orientation to his surroundings becomes difficult and he may have problems in regaining balance. Submersion of the ears removes another point of orientation.

NOTE: The Swimming Bibliography, selected references dealing with swimming programs for the handicapped, may be obtained from Unit on Programs for the Handicapped, AAHPER, 1201 Sixteenth St., N.W., Washington, D.C. 20036.

Tires & Tubes

TIRE JUMPING

Special class children at Rockhill School, Alliance, Ohio, are contesting with each other for the chance to roll auto tires onto the athletic field and to participate in more than 30 different exercises they've mastered with the tires. Members of this class are spending their physical education and recreational periods standing and jumping into a tire; jumping out in various directions; standing in a tire and jumping from tire to tire with a rebound; and bunny jumping and frog jumping from tire to tire. This idea was taken from the April 1966, *Journal of Health, Physical Education, Recreation* feature "Activities for the Mentally Retarded." Leona Wagner, classroom teacher for this group, is very impressed with the results she is getting from the program and is convinced that purposeful physical activity is of the utmost importance in teaching the slow learner.—SHIRLEY MOROSCO, *Physical Education Consultant, Alliance Public Schools, Alliance, Ohio.*

SUPER
TUBE

Mike Watters, Recreation Center for the Handicapped
San Francisco, California

Nowhere have I discovered a more diversified, durable, and uncomplicated piece of recreation equipment than the Super Tube—commonly known as the airplane tube. The Super Tube can be the answer to a recreation leader's prayers.

At first the recreation of the physically and mentally handicapped children (CA 3-16) at the Recreation Center for the Handicapped in San Francisco was one of surprise and bewilderment. However, shortly after they started experimenting with the tube, many of its valuable qualities were seen. The kids wriggled and giggled inside it and tested it in every conceivable manner. And the tube withstood it all!

Since the first day, Super Tube has been used in numerous types of recreational activities. It has been included in arts and crafts, music, drama, dance, games, sports, and special events. Sound fascinating? Well, it is!

In low-organized games such as relays, circle games, tag and line games, the tube can be used for teaching circles, as passing equipment, setting up barriers, or as home base. It is large enough and so versatile that it adds spice to most games. A very successful one is the roll-the-tube relay.

For singing, it provides a handy seating arrangement by letting the children sit on the inside of the tube (fits six small children), thus making instruction easy. One game might be to have the children keep time to the music by bouncing on the tube. The ones out of rhythm discover it quickly when they suddenly get the repercussions from the other children's bounces. If you have more than one tube, try using them to separate the children while teaching rounds or harmonizing. Physical separation helps in cutting down confusion for the kids and creates a close-knit group.

Super Tube is extremely successful in water play. It floats high on the water and can carry up to six children at a time. Paddling along holding onto the tube or using it in water relay races is a great deal of fun. The imagination of the swimming instructor can stimulate all sorts of water play activities.

Many abstract and unique forms can be made from the basic shape of the tube. It once served as a base to a Christmas snowman. It can make quite a flying saucer for a float and can become a large floor centerpiece as well as part of the scenery for a play. Painted with tempera colors or used as a basic shape for papier-mâché, it offers innumerable possibilities for a variety of effects.

A combination of auto, truck, and airplane inner tubes can create large play structures. Arranged in different ways, tubes provide numerous hours of play as they become forts, castles, houses, tunnels, and submarines. The resiliency of the tubes prevent accidents from happening, and just arranging the tubes provides quite a physical workout.

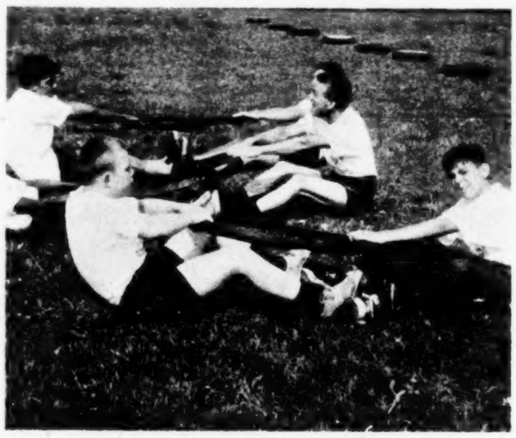
The tube helps greatly in teaching tumbling. The child can sit on the inside of an upright tube and roll forward in a tumbling fashion. At first the leader probably has to lend assistance, but the children learn fast and then can handle it on their own. It is ideal as a spring board when doing flips or cartwheels, as well as for many other tumbling exercises. Beginning lessons in the art of trampolining can start with the tube. The instructor first has to hold the child's hands or waist to give him a feeling of balance and confidence. Some children will always need this support; others learn quickly. Rolling down a grassy slope in Super Tube provides a great deal of joy for a child.

The old game of roll-a-rim can be played by substituting the tube for a rim—and it is safer for the children. However, one should make a clear pathway for the tube, since it can cause a disaster when colliding with small furniture or bric-a-brac because of its weight and momentum.

Nothing has ever provided children with more fun than a swing. Yet how many agencies have a swing indoors so that the children can partake in this joy regardless of the weather? By tying four strands of heavy rope around the tube and attaching them securely to hooks in a reinforced ceiling or in rafters, it becomes a giant swing. A protective mat or some type of padding should be placed underneath the swing in order to protect the child from accidents. The tube can become a bucking bronco or a spinning toy. It can be swung by hand from person to person in a catching game, ideal in promoting hand-eye coordination. As a punching bag, it is good and invigorating exercise. Upright, the tube becomes a large tether ball which enables children with handicaps to play this game, which they otherwise might not be able to do because of the small size of the standard tether ball.

Other successful uses of the tube are as a sled on the snow; as a raft for floating down a river; in contests in distance rolling or throwing; and, when all the play is through, as a completely comfortable resting place.

Where can you find this marvelous recreation aid? It can be purchased for a reasonable price at most army surplus stores, local air fields, or rubber manufacturing plants. If, by chance, you cannot locate an airplane inner tube, a large truck inner tube can be substituted.



NEW USES FOR OLD BICYCLE TIRES

William G. Emich
Consultant, Physical Education
for the Retarded
St. Clair County Intermediate
School District
Port Huron, Michigan

"The best things in life are free!" And so it can be in physical education and recreation programs for the mentally retarded. Many constructive purposes in these programs can be achieved with inexpensive or free items—simple things like used bicycle tires. Each child can have his own bicycle tire and be active with little or no standing around, waiting for a turn. Activities can be selected so that each participant is challenged, no matter how inept and awkward, or skilled and graceful; activities can be extremely vigorous or downright passive; emphasis can be placed upon areas in need of greatest attention—gross motor abilities, fine motor skills, physical fitness, social awareness, emotional stability, or perceptual skills.

The following activities have been used by teachers of St. Clair County Intermediate School District and have been proven to be quite successful in fulfilling many of the objectives of physical education.

Tug-of-War:

Two Hands. Face each other, grasp the tire with both hands, and pull.

One Hand. Stand sideways to each other, grasp the tire with one hand, and pull.

One Hand, Hopping. Stand sideways to each other, grasp the tire with one hand, lift one leg, and, while hopping, try to pull the opponent toward you.

Two Hands, Back-to-Back. Stand back-to-back, bend down, place both hands between the knees, grasp the tire, and pull.

Back-to-Back. Stand in the tire, back-to-back, then hold the tire at hip level and walk away from your opponent.

Face-to-Face. Stand in the tire, face-to-face, then hold the tire at hip level and walk backwards.

Head-to-Head. Place the tire over both persons' heads, tilt heads slightly backwards, and pull, keeping hands clasped behind the back.

Relay Races:

One (Two) Tire Carry. Carry or drag the tire, in one hand or both hands, to a line, return in the same manner, and pass the tire to the next person in line.

Hip Carry. Place the tire over the head and at hip level. Hold the tire in this position while running to the line and back; then give the tire to the next person.

Foot Drag. Place the tire on the floor. With one foot inside the tire, drag it along the floor to a line and back, keeping the same foot inside the tire at all times.

Over-the-Head. Place the tire at the far end of the court. Run to the tire, pick it up, place it over the head and shoulders, and let it fall to the floor; touch a nearby wall and return to touch off the next player. Additional tires may be placed between starting and finish lines, so that the process must be repeated several times.

Exercise Activities

Place a tire on the floor in front of each student. Have students walk forward, backward, or sideways around their tires.

Have them put one foot *on* the tire and the other on the inside or outside. From the inside have them step forward, then backward, and sideways, then out, turn around, and step back into the tire.

Have them jump in and out of the tires in various ways. From outside the tire, have them jump forward, backward, and sideways across the tire. Have them jump in and out of opposite sides of the tire. Let them place both hands in the center of the tire and walk sideways around it, or place their feet in the center and walk with hands sideways around the outside of the tire.

A variety of games, calisthenics, and balance activities can be developed and effectively used with bicycle tires. The ingenuity and imagination of the instructor are all that limit the potential use of these easily obtainable items in physical education and recreation programs for the mentally retarded.

Editor's Note: "Exploring Movement Through Bicycle Tires," a 12-minute 16-mm, silent, black-and-white film, shows a wide range of creative and original ways to use bicycle tires in physical education and recreation programs. The film can be obtained from Dick Bergner, Greendale Public School, Greendale, Wisconsin 53220.

Volunteer Student Activities

TARS – TEENS WITH A PURPOSE

CAROLYN MCKAY, STUDENT
MARJORIE WEBSTER JUNIOR COLLEGE, WASHINGTON, D.C.

Teens Aid the Retarded, TAR, is a group of teen-age volunteers who want to help, believing that their understanding and companionship are a valuable aid to the mentally handicapped. These teens are interested in learning more about the characteristics and needs of retarded children and in finding ways to help them live fuller, happier lives.

TAR is a program that helps everyone involved. When a teen becomes a TAR he becomes a special person. To the community a TAR is someone who aids in fund raising, acts as a teen pal, serves as a baby sitter, or is an assistant in the program of public information and community education. Being a TAR gives the teenager an opportunity to meet and work with other teens who share a common interest and concern. It is a chance to explore the vocational possibilities in social work, psychology, special education, and other related field. To the child a TAR is a big buddy, pal, or confidant, someone who makes him feel accepted, someone who cares.

TARS assist in filling a need caused by the lack of recreational facilities for the retarded. They work in many activities, including a year-round Saturday recreation program of sports and games which offers swimming, ball games, and a special bowling league (proudly called TARS and R's). Tars act as teen pals and and take the R's on field trips to the zoo, the fair, and places where they might normally not get to go. Once a month there is a special Friday night party which is enjoyed and long anticipated by both TARS and R's. TARS also fill the need for trained baby sitters for the retarded. During the summer, they also serve as counselors at camps and special workshops.

Starting with a small number of volunteers, Teens Aid the Retarded originated in 1965, under the sponsorship and guidance of the Dallas Association for Retarded Children. Bob Gooding, a Dallas newscaster and civic worker, acts as chairman and helps guide the activities of TARS along with other adult advisors. Every year a youth chairman, a co-chairman, a secretary, a senior steering committee, and a junior steering committee are elected from the ranks of TAR members. The idea and spirit of the volunteers spark the energy for TAR.

There is only one major requirement to become a full-fledged member of TAR. The volunteer *must* attend a series of orientation sessions, including lectures from psychologists, recreation leaders, and teaching experts. There are also orientation trips to special residential facilities and state schools. There is even a voluntary class for those who want to become trained baby sitters. These sessions acquaint the new volunteers with the children's difficulties and show them how to cope with them and understand retarded individuals. TARS in Dallas number about 300, with 30 to 60 active all the time.

I joined TARS when it first began almost two years ago and I was fascinated by the challenge presented by these children. The hours spent with them were very rewarding. I agree with many of the other volunteers that "we learn more than the kids" in many instances. My desire to be able to help them adjust to their environment has greatly influenced my decision to study special education. It is just as important for the retarded as for normal children to be helped to grow up and achieve their potential. I have graduated from the ranks of TARS so that I am now a STAR—Senior TAR. TAR is a wonderful experience for both the children and the volunteers. Through hard work TARS have proved to be teens with a purpose.

EDITOR'S NOTE: *A brochure describing the TARS program can be obtained from the Project on Recreation and Fitness for the Mentally Retarded, 1201 16th St., N.W., Washington, D.C. 20036, or from the Dallas Association for Retarded Children, 7850 Brook Hollow Road in Dallas, Texas. Miss McKay is a freshman majoring in education with emphasis on kindergarten and special education at Marjorie Webster Junior College.*

"Fundamental to every intellectual activity of the human being is the skill of motor control and coordination. Movement and efficiency of muscle use is a prerequisite for all knowledge and intellectual performance. It has been said that 'thought' which does not get into the muscles never fully possesses the mind."—G. N. GETMAN.

USING STUDENT INSTRUCTORS

JOSEPH WINNICK AND EUGENE ORBAKER, STATE UNIVERSITY COLLEGE AT BROCKPORT, AND EILEEN CORCORAN, COORDINATOR OF SPECIAL EDUCATION, MONROE COUNTY, NEW YORK

The Physical Education Department at Brockport, in cooperation with the Special Education Section of the Board of Cooperative Educational Services of the Second Supervisory District of Monroe County, has completed a pilot program designed to (1) provide prospective physical educators with training and experience in teaching mentally and physically handicapped pupils and (2) provide an opportunity for mentally and physically handicapped pupils to learn and improve skills in selected physical activities.

Under the guidance of Joseph Winnick and Eugene Orbaker of the State University College staff, 52 college students volunteered their time and effort to launch the experimental program. Three classes, typifying both endogeneous and exogeneous mental retardation, were transported weekly to the college from school districts in the Monroe County area. The program provided swimming and bowling for two groups: 11 severely retarded youngsters with an age range of 14 to 18, and nine moderately retarded youngsters, ages 16 to 18. The third group of eleven moderately retarded youngsters, ages 7 to 11, were given classes in swimming and educational rhythms. For seven weeks each child received one hour of instruction per week in each activity, geared to his individual needs, from the teachers of physical education.

At the completion of the program, a questionnaire was filled out by the prospective physical educators. Every college student who volunteered agreed that the program was beneficial to him and should be continued and 71% felt it should be continued on a voluntary basis. Ninety-seven per cent of the students indicated their willingness to teach mentally retarded pupils part-time upon graduation; however, only 12% expressed a desire to do so on a full-time basis. Although a majority of the college students noted the improvements made by the mentally retarded in both neuromuscular and social skills, they indicated that greatest progress was exhibited in social skill.

The faculty supervisors intend to expand the program to a laboratory experience for students enrolling in a required undergraduate course for physical education majors entitled "Physical Education for the Atypical Child."

COLLEGE PHYSICAL EDUCATION STUDENTS SHOW THE WAY

East Central State College, in Ada, Oklahoma, and McCall's Chapel School for the Retarded have an effective cooperative program of physical recreation. The school transports the children to the College Physical Education Department for a program carried out by the physical education majors and minors as a voluntary service. During the two-hour weekly period the children participate in swimming and gymnasium activities. While the children are in the pool one college student who has his WSI or Senior Life Saving is assigned to each child. In the gymnasium the children play with rubber balls, plastic beach balls, soft rubber balls, and gym scooters. On occasions the older and better behaved children are taken to the bowling lanes and tennis courts. After the activity program, sororities and fraternities serve the children refreshments. A course on handicapped swimming is being planned by the college. (For further information, contact Mrs. Billie J. Floyd, Department of Physical Education, at the College.)

teen views
ON VOLUNTEER WORK

Carolyn McKay, Marjorie Webster Junior College
Washington, D. C.

Editor's Note: *Miss McKay, a freshman at Marjorie Webster Junior College, has had extensive volunteer experience with the mentally retarded as a charter member of the Teens Aid the Retarded in Dallas, Texas. This article is based on opinions expressed by volunteers, would-be volunteers, and a few never-would-be volunteers.*

There are many active and energetic teens who are concerned about the world and the people around them, and who are ready and willing to become volunteer workers for the mentally handicapped. These young people are eager to face such a challenge. Teens not interested in such service often don't want to become involved in something they do not understand. Retardation seems remote to them because they have not come in contact with the mentally retarded.

The general attitude or reaction of the teen toward the retarded person reflects a great desire to help. Very few considered this reaction based on pity or fear. Some who would not engage in volunteer work themselves nevertheless expressed great admiration for those who do. Many were afraid of becoming emotionally involved with the retarded.

A great number concluded that some type of remuneration would help recruit volunteers—although most agreed that the personal satisfaction derived from the service was a great reward in itself. Volunteers give of themselves instead of working for themselves. Yet, obtaining spending money was a problem and concern expressed by many, especially those who have worked fulltime all summer at a camp. Their spending money generally came from babysitting jobs or from newspaper routes. While working as volunteers, these teens often must sacrifice such money-earning opportunities. A solution would be to give token salaries to volunteers working fulltime at camps or in rehabilitation centers; this would in part compensate for money lost from other job opportunities.

There is no magic formula to answer the needs of volunteers and to resolve all the problems. It is important to offer an organized program complete with orientation sessions to teach the volunteer just what to expect and what is expected of him. Professionals should have as much personal contact with potential volunteers as possible, since this is so influential in encouraging them to offer their services. Representatives of various agencies should visit junior and senior high schools to contact interested students, to acquaint them with the problems of retardation, and to inform them of opportunities in their community where they can help. School counselors, various clubs (e.g., future teachers, future nurses, service groups, monogram clubs), career days, college nights, and regular assembly programs are excellent ways to transmit this information to the potential school volunteer. He awaits your guidance—won't you give it to him?

Happiness is TĀEE

GENE KIDDER, DIRECTOR
HEALTH, PHYSICAL EDUCATION, AND RECREATION
MERIDIAN PUBLIC SCHOOL SYSTEM, MERIDIAN, MISSISSIPPI

A special physical education program for the mentally retarded in the Meridian, Mississippi, Public Schools has been named TĀEE—Truly An Educational Experience—since it has a twofold purpose: to provide physical education and recreation experiences appropriate to the needs, abilities, and interests of the mentally retarded throughout the entire school system, and to provide educational experiences for junior college students to interest and motivate them to continue their education and to specialize in teaching the mentally retarded.

These junior college students attend one of the two local community colleges from 7:00 a.m. to 12:00 noon and conduct the daily physical education program for the mentally retarded each afternoon. Those finally chosen come from a very select group of students who are carefully screened by the guidance departments of both the high schools and junior colleges. Only after having one year of experience in teaching physical education at one of the regular elementary schools during the freshman year are play teachers eligible for consideration to become physical education teachers for the mentally retarded. It is quite an honor for those selected, since only ten are needed to work in the special program. In addition to receiving junior college graduation credit for this teaching and training experience, they are also paid an hourly wage for their service.

Perhaps the educational opportunities these junior college students experience and the physical education program they conduct for the mentally retarded are best described in this letter from one of the play teachers to a friend.

Dear Sharon,

I have so much to tell you about my becoming a teacher. I guess you think I'm kidding and that a college sophomore like me couldn't possibly be teaching physical education without four years of college -- but it's true. Let me explain.

At Meridian Junior College I applied for a student aid job as a "play teacher." This is a program which enables junior college students, after a period of training, to teach physical education every afternoon to elementary and special education students.

During the pretraining program the play teachers met four hours every afternoon for five weeks with the director of physical education and our special supervisor. During this time we learned so many things about these children and about the importance of physical education to them. For about two weeks I was in a general state of confusion with all of the theory -- philosophy and objectives of education and physical education; physical, mental, and social characteristics of the children we were to teach; and the implications of all of this for us as teachers -- whirling around in my feeble brain.

The activities we learned to play were related to the general objectives of our program. We found that we needed to teach games that would increase the child's mental growth, his social growth and development; to increase his emotional stability; and to emphasize games and activities for developing motor skills and maximum physical fitness. The last objective was developing leisure time activities, and that one is perhaps the easiest one to achieve. The children all play the games they like most at home and in the neighborhood. This gives M.R. students a sense of belonging to a group and a feeling of satisfaction in being able to do something on their own and with their own peer group.

Both motor-perceptual and developmental movement activities were an important part of our training. We learned how to recognize those children who would need special attention and help in those areas, and we learned how to build our lesson plans to ensure progression in the acquisition of these skills. Knowing how children's bodies are developing at certain levels made us include both active and less active activities in our daily lesson plans.

Our first day of teaching came and, boy, was I scared! I forgot everything I knew, and if it hadn't been for the note cards which were gripped tightly in my hand, I'd have been lost.

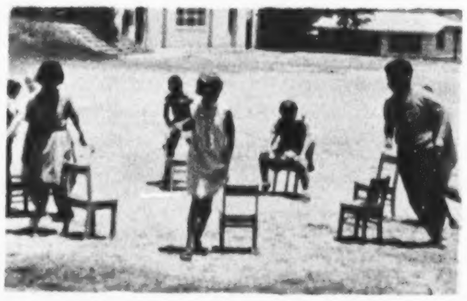
All of the theory we had learned in class which seemed, at one time, to be a lot of nonsense, much to my surprise, really did have a place on the playground and helped me so much in my teaching experience.

This job of teaching physical education to the mentally retarded is very rewarding. I can't begin to explain the wonderful feeling I get when one of my not so skilled students is finally able to do an exercise correctly for the first time after so many hours of practice and failure. I truly feel a sense of accomplishment for this child as well as for myself.

Always I had thought that there was much work to teaching, and I was right! There is a lot of preparation involved before you are able to teach these mentally retarded students, but it is worth it!! Every child gives a part of himself to you every day through his love and respect for you. I love every child in both my trainable class and my primary educable class. After seeing and working with these students and finding out how hard they try to please you, you want to work harder as a teacher to help them develop to their capacity.

The feeling you get of giving of yourself to your children and getting love and achievement in return is the greatest part of teaching. It is an experience that can't be easily forgotten, and I would not take anything for having had a part in "TAEE." Yes, happiness is "TAEE" -- Truly An Educational Experience, not only for the mentally retarded but also for the teacher.

Inspired,



CHILDREN'S PHYSICAL DEVELOPMENTAL CLINIC

WARREN JOHNSON, UNIVERSITY OF MARYLAND, COLLEGE PARK

In 1957 the University of Maryland initiated its Children's Physical Developmental Clinic under the direction of the author. The Clinic was organized in response to a growing need in the Washington, D.C., area for a program which would specialize in improving the physical fitness and/or coordination of subfit children, particularly those generally considered in the special education category. Attendance of children in the Clinic has climbed each semester from its original 26 to its present 100; participation of volunteer student-clinicians has risen from 12 to over 40. Graduates of the University of Maryland program have started similar programs at the University of Southwest Louisiana (Louis Bowers) and Louisiana State University at New Orleans (Ricardo Chavez).

The functions of the Children's Physical Developmental Clinic are to:

(1) provide an exceptionally valuable training experience for interested students;
(2) provide a laboratory for conducting research concerned with improving child fitness and studying the effects of improved physical fitness upon the development and educational progress of the children referred to the Clinic; and
(3) provide a unique educational service to the University community.

The approach is primarily in terms of physical activity, through which the child may increase the basic efficiency, stamina, and power of his body machine; gain greater awareness of confidence in his body and what he can do with it; and acquire and/or improve basic skills which not only increase the range of his movement capabilities and satisfactions but also heighten his ability to function effectively in the activities of other children and thus provide a basis for the acquisition of greater social skill.

Physical and social values of these kinds are not hard to demonstrate as children become physically educated, but importance is also attached to another closely related value which is, perhaps, harder to demonstrate but is certainly not less important. As a child sees himself become more able to do things, more able to direct and control his body, and more able to deal with his peers on their own level, he gains a new respect for himself. The picture he has of himself in his own mind undergoes change for the better—not through self-deception but through the objective data of performance. He begins to see himself as one who can deal more adequately and confidently with his life.

II

Great importance is attached to the role of the student clinicians in the effective operation of the Children's Physical Developmental Clinic at the University of Maryland. These mature young men and women—mostly junior, senior, and graduate students in the College of Physical Education, Recreation, and Health—are expected to establish a friendly relationship with their children, study them for their abilities and interests, and guide them through sequences of activities which are geared to what they can do and what they can learn to do. The clinicians are aware that it is not their function to make their children dependent upon them for continued development of fitness, but to help the children and their parents to become increasingly able to continue with appropriate programs of fitness on their own.

As the clinicians apply their intelligence and skill in the interests of the child, they also benefit. They increase their awareness of the range of human individuality and performance. Since no set of instructions or rules can be followed in dealing with the different children, the clinicians must adjust themselves to a particular child's developmental level, abilities, and disabilities. They must think their way through the problems and situations which arise. The student clinicians are not asked to *learn* in the Clinic (although, of course, they do learn); they are asked to *think*. They are asked to think of ways to utilize their know-how in guiding their children to new levels of performance and self-appreciation. Moreover, they learn, perhaps as never before, of the close unity and interdependence of body, mind, and social adjustment. And they see what a friendly, trained, guiding hand can help a child accomplish.

In staff conferences—held before and after every Clinic session—the clinicians have an opportunity to draw upon the experience of faculty members of the College of Physical Education, Recreation, and Health, and other consultants and to discuss and share their experiences with one another.

A 16 mm, 30 minute, sound film depicting all aspects of this unique and highly successful endeavor in actual operation is available from the author.

Another aspect of the Clinic's program is discussed on page 7 of this issue of *Challenge*. The story of the beneficial effects of the physical activity program on participants' speech disorders is excerpted from an article appearing in the *Journal of the Association for Physical and Mental Rehabilitation.*

III

A wide variety of gymnasium activities, conditioning and coordination exercises, games and modified sports are utilized by the student-clinicians in their pursuit of specific fitness-coordination objectives. Selection of the activities to use depends upon the needs of the individual child. Thus, as soon as a clinician is assigned a child, he begins a careful evaluation of his physical status: the grace of his movements, the handling of his body in various activities, his skill in climbing and descending stairs, the evidence of fatigue brought on by running and climbing steps, and so on. Moreover, such psychological factors as the confidence with which the child addresses himself to various tasks, his willingness to try strange activities, and his behavior when brought into contact with other children are carefully noted. A certain amount of simple but formal physical and psychological testing is done, but this is approached cautiously and in the spirit of fun; it is never permitted to become a threat to the child or an opportunity for failure.

Unlike therapeutic programs which administer something to the child—be it medication or exercises—the Children's Physical Developmental Clinic approaches the problem with the point of view that pleasurable movement experiences are essentially meaningful to children, and that natural incentive plus friendly and skillful guidance can bring about self-rehabilitation. In other words, the child is a participant in his own treatment and is fully involved in it emotionally as well as physically.

Although there is a great deal of variation in the programs developed to meet the needs of different children, they are all planned with these aims: (1) getting at the specific difficulty for which the child was referred; (2) improving the child's basic fitness and movement skills; (3) encouraging a "fitness attitude" in the child and in his entire family which will make systematic physical activity palatable and tend to assure continuation of the program in the home and elsewhere; (4) helping the child to realize that his basic instrument—his body—can be brought under his control (with all that this implies for his self-assurance and his self-image or conception of himself); and (5) as needed, fostering social skills and social adjustment through group activity in which the child becomes aware of his ability to function successfully with his peers though his performance level is not high.

The Clinic experience has proved valuable to children whose major problems (e.g., obesity, faulty vision, emotional disturbance, mental retardation) involve inadequacy in physical fitness, coordination, or basic sport and game skills. The flexibility in selection of physical activities is an important factor in this success.

Editor's Note: *Interested readers should contact the author for more specific information about the Clinic and its operations.*

WE PLAY THAT THEY MAY LEARN

"We can say with some assurance that although children may be the victims of fate, they will not be the victims of our neglect."
—PRESIDENT JOHN F. KENNEDY

The All-Star Football Game, fast becoming a Delaware tradition, brings health and hope to the mentally retarded

"Strong legs run that crippled legs may walk." Every football fan should recognize this as the motto which epitomizes the philosophy of the Annual Shrine East-West Football Game, but few outside of Delaware and adjacent areas in Pennsylvania, Maryland, and New Jersey will recognize "We play that they may learn," which is the slogan of the Delaware All-Star Football Game.

Since 1956, some Delaware high school athletes have been cutting short their summer vacations and activities, to endure the pains, aches, grunts, and groans common to preseason football practice. Culmination of their hard work has been participation in the state's All-Star High School Football Game, played for the benefit of Delaware's mentally retarded children.

Twelve All-Star games (1956-67) have yielded total net proceeds of almost $434,000 to enrich programs for the mentally retarded in Delaware. All-Star funds have been used to set up and support the Opportunity Center, an outstanding workshop for the handicapped, in Wilmington, and subsequently to assist the Center staff in finding jobs in industry and business for individuals training there. A similar workshop in Dover, the Golden Opportunity Center, was initiated with a grant of All-Star funds.

Support has been given to the training of teachers and the development of courses of study for the retarded; to the organization and operation of day-care centers, recreational programs, and summer camps for retarded children; to the establishment of dental care for the retarded; and to the National Association for Retarded Children, for research on the causes and prevention of mental retardation.

The football game itself is sponsored by the Delaware Foundation for Retarded Children, a nonprofit group organized for this purpose in 1956. Net proceeds from each game are allocated, after consultation with the Delaware Association for Retarded Children, to local and national projects for the benefit of retarded children and for the prevention of mental retardation. The Foundation handles the game through the All-Star Game Committee and its various subcommittees—financial, ticket sales, publicity, stadium arrangements, athletic program, etc. Approximately 30 people are the directors of these committees, with literally hundreds of volunteers backing them up. In addition, there are a paid game coordinator and secretary, a paid director of training camps of the teams, and the coaches, who are paid nominal sums.

It takes three enthusiastic volunteer teams to prepare for and conduct this very worthwhile effort—the Gold and Blue football teams and the Civilian team. The Gold and Blue teams consist of 30 players each, coaches, officials, trainers, managers, and all those who supervise the players during their training. The Civilian team consists of people from every part of Delaware, from every walk of life, and from many kinds of organizations. There are thousands of interested people who are striving to help the mentally retarded of Delaware.

Need alone prompted the founding of the All-Star Game. Prior to 1956, Delaware had no educational facilities for the trainable mentally retarded in the public school system. There was one chapter of the Delaware Association for Retarded Children; there were few facilities for job training, no day care centers, and a severe shortage of teachers qualified to handle the special needs of the retarded. The money raised through the game is just a small part of the good that has been accomplished, by way of providing a stimulus for individuals and organizations to come forward in behalf of the retarded.

Delaware Governor Charles L. Terry, Jr., speaks glowingly of the contributions of the game, its participants, and its sponsors: "The money raised by this sporting event does a great deal of good for youngsters who would otherwise live without expectation of improvement. We are most fortunate that an event which attracts the genuine interest of thousands of sporting enthusiasts can also have so much meaning for those who would live in a dark world without it."

But more than this, the All-Star event is a great experience for spectators and players alike. It has been mentioned that the All-Star Game may actually be the first serious obligation some of these young men have ever accepted in behalf of someone other than themselves. Evidence of the impact on the boys can be demonstrated by their unanimous statements that the All-Star Game has been the greatest experience they have ever had.

The game has focused more attention on and generated greater understanding of the problem of mental retardation than a normal fund-raising drive could ever hope to do. An enlightened public, providing enthusiastic support, is vital to the cause. Only through public understanding can the retarded population be assured the best possible opportunity to make use of their potential as useful and happy citizens.

Wouldn't it be a great thing for the mentally retarded if every state had an all-star game?

EDITOR'S NOTE: A basketball all-star game between select teams from Oklahoma and Texas has been held for the past few years in Shawnee, Oklahoma, for the benefit of *Faith 7*, a special school for the mentally retarded in Shawnee, Oklahoma. Montgomery County's (Pennsylvania) first all-star high school football game, for the benefit of all handicapped children, took place in Norristown on August 9. Additional information about the Delaware Foundation and its All-Star Football Game can be obtained from H. Lloyd Taylor, P.O. Box 894, Wilmington, Delaware 19899. The staff of the Project on Recreation and Fitness for the Mentally Retarded will be happy to volunteer its assistance to states, in helping to plan and implement activities of this type.

III. PROGRAMS

Adult

A Sense of Belonging

> *Honest men esteem and value nothing so much*
> *in this world as a real friend. Such*
> *a one is as it were another self, to whom*
> *we impart our most secret*
> *thoughts, who partakes of our joy,*
> *and comforts us in our afflictions; add*
> *to this, that his company*
> *is an everlasting pleasure to us.*
> —PILPAY, 326 B.C.

Large numbers of mildly retarded young adults (CA 17-35) who live at home in the greater Philadelphia area are striving to achieve a comfortable and realistic place in the community. Their handicaps are just severe enough to prevent them from being accepted and integrated into the social circle of the young adults in the community. These young people read, write, travel independently, and in most cases are either employed full-time or are involved in some rehabilitative program. They suffer tremendously where socialization is concerned. They know what they want of life; they want to do the same things their brothers and sisters do, but they do not have friends and social groups to which they can turn to fulfill these desires.

In December 1965, the Ronald Bruce Nipon Foundation was established as a nonsectarian, nonprofit organization to help meet the need of these young adults for socialization. The organization began with eight young adults, a professionally-trained group worker, and some interested parents. Since the inception of the Foundation, the main focus of the program has been upon social interaction, with trips in and out of the community every other week and meetings, dances, or luncheons during interim weeks. Meetings often include visits from folk singers, folk dancers, demonstrations by artists, cosmeticians, or cooking experts, and similar appropriate activities.

Trips to the Philadelphia Civic Center, weekends at the shore, trips to EXPO '67 and Washington, D.C., have served as vehicles to reach the main purpose for our existence, enabling formerly lonely and friendless individuals to now say, *"I have a friend"* and *"This is my club."* For more than 50 young adults presently on the membership rolls *and* for their parents, the Ronald Bruce Nipon Foundation has become the most important thing in their lives. Parents continually relate how their own lives have been positively affected since their children became involved in the program, while the young adults express their feelings about being able to have friendships and enjoy their friends, which for most of them has been a completely new experience.

Most of the time, members travel to and from meetings with other members. Special groups have been formed to help make learning to travel independently much easier. A great deal of effort has been necessary on the part of the group worker, to persuade parents to free their young adults and allow them to move on their own. Many friendships outside the formal group setting have developed, with many members meeting with each other during the week to have dinner out, go to the movies, or just spend time together at one another's home. Even using the telephone, a frightening experience for many when they first joined the group, has taken on a new and different perspective, especially for those who never used it except to talk with close relatives.

Various individual problems have been solved as a result of group participation and interaction. One of the most interesting cases was that of Mark.

Mark was 40 years old and thus over the maximum age when he applied to Ronald Bruce Nipon Foundation for membership three years ago, but he moved in so well and integrated so quickly we decided to be flexible as far as his age was concerned.

IRV SEGAL, DIRECTOR, YOUNG ADULTS, RONALD BRUCE NIPON FOUNDATION, MELROSE PARK, PENNSYLVANIA

A friendly smile...
People who care.

According to his mother, a widow of many years, Mark had never actually been diagnosed as mentally retarded; he did have cerebral palsy, was partially deaf (he wears a hearing aid), and walked with a decided limp. Even if never evaluated as mentally retarded, he was definitely retarded in social development, for he had been held back from normal interactions of life; this set the stage for concomittant problems. Some weeks after Mark joined us, he told the group worker that he had previously tried the Y's adult program and had gone to Horizon House (halfway house for emotionally disturbed) a few times (where he felt he didn't really belong); in no group had he felt as comfortable and at home as in this club.

About one year after Mark joined the organization, he told the group worker he was not coming any more. This was hard to understand, because of his involvement in the group's activities. Finally, we learned that he had had difficulty in accepting the fact that almost all the other members of the group were gainfully employed or were engaged in some kind of rehabilitative experience. Mark was not particularly bothered by the progress made by other members, until a practice was instituted at group meetings where new members were introduced and each said something about himself and what he did outside the group. For Mark, it became increasingly difficult to repeatedly tell friends and new members that he stayed at home with his mother, had not worked in 17 years (since his father, for whom he had worked, died), and he really did nothing. Mark admitted he did not want to leave the group, but he could no longer face the humiliation of telling his friends he was "a nothing."

Mark was helped to take a step forward instead of quitting; he accepted a referral to the Work Adjustment Center. After going through the diagnostic and evaluation period, Mark was referred to what he felt to be the appropriate workshop for him—a place where he still works and where he has been doing very well. Mark was helped to move and mobilize all of his resources as a result of the group process that takes place in our program. He freely discusses these experiences with new or older members who feel they are facing the same impasse that he conquered. There have been some very positive reactions to this kind of involvement.

For the last three years, the facilities of the Nationalities Service Center in Philadelphia have been made available for the group's Sunday afternoon get-togethers. However, this United Fund agency must first meet the needs of immigrant groups, so it has been with increasing difficulty that space has been made available for the Foundation's program. We hope to rent or purchase a facility, convenient to public transportation, to serve as an activities center and as a residence for mildly retarded adults who live in the community but because of illness or death, no longer have parents or family to meet needs they cannot meet themselves.

The parent group of the Ronald Bruce Nipon Foundation holds cake sales, raffles, theatre parties, and other fund-raising activities to acquire funds needed to operate the program. Dues from the general membership of parents, family, and friends (now in excess of 200), contributions from local organizations and individuals, and sales of miscellaneous personal items are other ways in which operating funds are obtained for the program.

OBJECTIVES OF THE RONALD BRUCE NIPON FOUNDATION

1. To provide a realistic experience for young adults who do have limitations in their ability to think and plan.
2. To provide an opportunity for personal and social growth through the group experience.
3. To enable the parents of the members to more realistically view their sons and daughters, to the point where these young people can use as much of their potential as possible; to strengthen family ties; to bring about increased self-appraisal on the part of members and families.
4. To develop greater independence and interaction, and interrelationships among members outside of the formalized program.
5. To help members more fully develop their leisure time.
6. To establish a day and evening activities center that may also serve as a residence for young adults without parents and those who may wish to move from their family home to a more independent setting.

Adult Recreation Project

Rose Paper
Sharpe Health School
Washington, D.C.

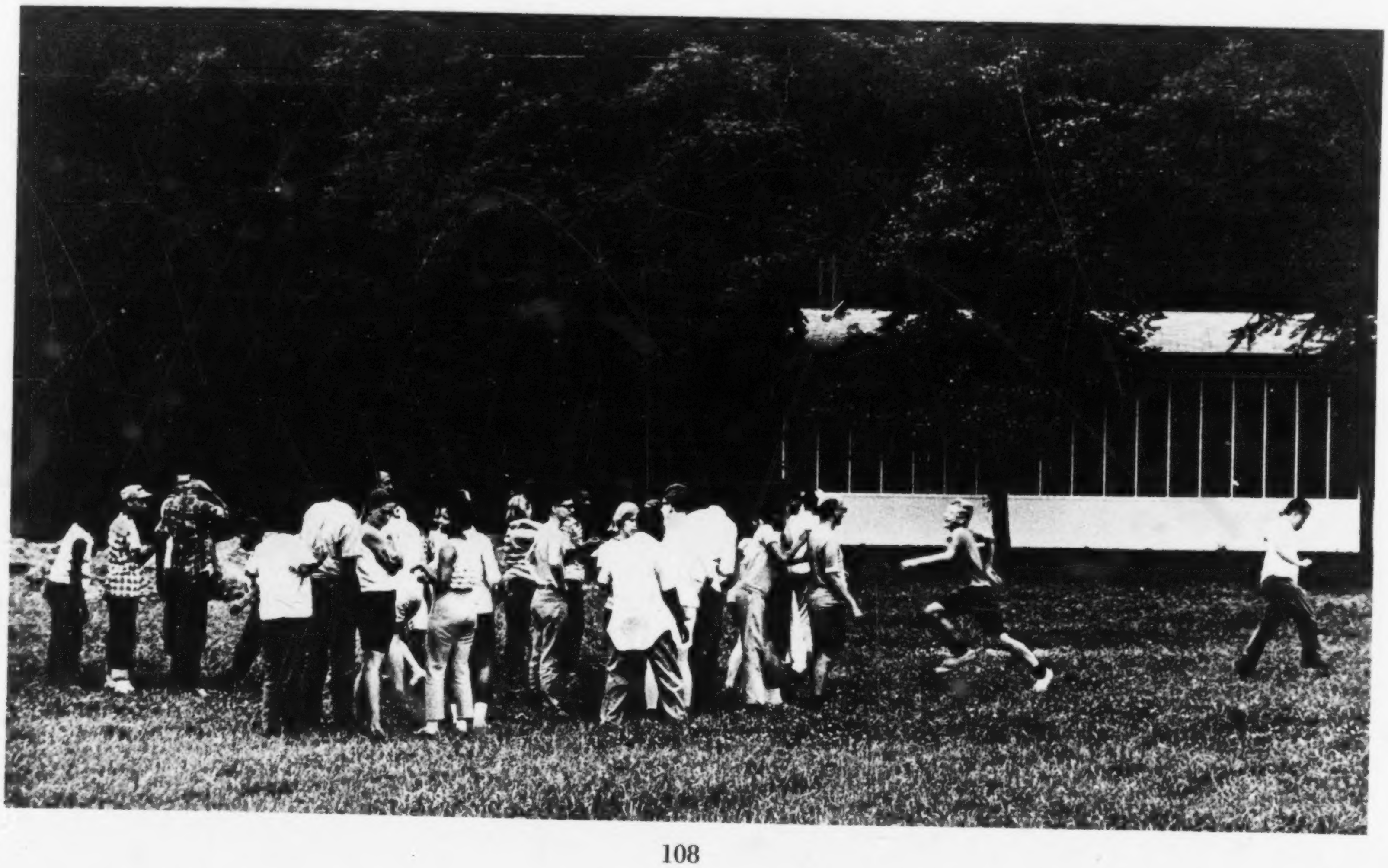
A unique experience for adult retardees was made available last summer through the efforts of a group of community and education leaders in the Washington, D.C., area. The project was designed to fill a gap in the city recreation program for the mentally retarded, by providing out-of-doors experiences in a natural setting away from the city. Emphasis was placed upon teamwork and interdependence in participating in certain camping and recreational activities.

Representatives of the Georgetown Kiwanis Club arranged for the use of its beautiful picnic and camping area in nearby Maryland. Facilities included a large housetrailer complete with two bathrooms, a fully-equipped kitchen, and office space; an asphalt-paved basketball court; and a screened-in pavilion for activities requiring indoor facilities. A 17′ x 34′ aluminum swimming pool was donated by Sylvan Pools (Doylestown, Pennsylvania) and was erected by volunteers, Kiwanians, and the camp staff, under the supervision of Sylvan personnel. The Joseph P. Kennedy Jr. Foundation assisted with one of its summer camp grants.

Adult retardees enrolled in the program came from Help Retarded Children Workshop, the Jewish Foundation for Retarded Children, and individual homes in the Washington, D.C., vicinity. Participants were picked up at designated points in buses provided by the D.C. Recreation Department, which also provided the staff of paid experienced workers and volunteers.

Physical fitness activities, swimming, games, folk singing, arts and crafts, dance instruction, and first-aid instruction were offered. Local farmers visited the camp, bringing along fresh vegetables. On Parents Day the farmers brought horses and ponies to the camp, to entertain parents and campers. A sleep-out concluded each of the four two-week periods.

The success of this camping experience has demonstrated the benefits of such a program for mentally retarded young adults, for whom very little planned public recreation has been available. It also shows what can be accomplished with cooperation—the total community way.



Democracy in Action at the Young People's Social Club

Ginger Day, Director, School Services, Harris County Center for the Retarded, Inc., Houston, Texas

The electioneering and campaign activities of the young retarded adults at the Young People's Social Club were the focal point of their activities last fall. The Club, composed of mentally retarded boys and girls over 17 years of age who function at the educable or trainable level, is an integral part of the Recreation Department program of the Harris County Center for the Retarded, Houston, Texas. The Recreation Department staff is responsible for acting as advisers to the Club, but the members run it.

The purpose of this activity is to give these young people an opportunity to interact socially, to develop acceptable boy-girl relationships, and to have an enjoyable evening away from home.

Meetings take place every Saturday evening from 7:00 to 10:00, in the modern, air-conditioned recreation lounge at the Harris County Center. No parents are allowed to attend. The members—approximately 80—each pay $1 per week and these funds are used to purchase refreshments, records, party favors, etc. Presently, the Club is paying for a newly installed hi-fi and loudspeaker system.

Since 1968 was a national election year, it was decided that the usual election of club officers would be held in a somewhat different manner, to correspond with the national Presidential campaign. There were four positions to which candidates had to be elected: president, vice-president, secretary-treasurer and sergeant-at-arms.

Early in September, the recreation staff explained to the group that they had the right to nominate three or four persons for each office. After this was done, each candidate selected his own campaign manager who was given instructions on the art of making campaign posters, to be put up throughout the Center. Polaroid photographs of the candidates accompanied many of the posters.

Each nominee had to prepare a formal campaign speech and, although staff persons were on hand to assist them, each wrote his own speech in his own manner. Unlike the campaign speeches of the professional politician, these were direct and to the point:

"If I am elected your president, I will try to do everything possible for the welfare of every member of our social club and all concerned."

"If elected, I will try to be here every Saturday night and will do my duty to the best of my ability. I will appreciate your vote. Thank you."

"Hello, this is Christine Johnson, your next vice-president. Vote for Christine Johnson for bigger and better action."

"The real reason I am here tonight is to let you know that if I am elected for sergeant-at-arms, I will try to keep peace and quiet while somebody is talking and I will be sure that no one starts a fight. I am also up here to help you in any way I can. If you have a problem, I will try to help you out. We are up here to have a good time so let's all have a good time tonight and every Saturday night for the next year."

When one of the members asked how they were going to vote without having a poll tax, a discussion was held regarding the fact that Texas no longer used poll taxes, and the method of voter registration was explained. It was then decided that each member should have a voter's registration card. At the next meeting, membership cards were issued and their first official use was for presentation when they voted on November 5th.

The enthusiasm and zeal of the campaign seemed to gather momentum as the date of the national election drew nearer. A ballot box was set up. The group talked about the proper way to vote and the fact that they were all entitled to vote and, indeed, should. They discussed the duties of a good citizen and every single member of the group made it his business to vote. Since some could not be at the Center on November 5th because they were working at full-time jobs in the community, it was necessary to establish an absentee voting procedure; they were allowed to vote on the Saturday evening before the regular election.

The young adults took their project very seriously, and soon their parents and other staff members became aware of this important activity. Many parents informed the Recreation Department staff that they were delighted with the manner in which their retarded adolescent was putting his best foot forward. Nominees and other members were most conscientious about taking individuals around to see their posters and talking about why they should be elected.

There was no doubt in the minds of the staff members that this project had a major impact upon these educable and trainable young people. They all participated, felt that they were part of the events going on around them, and even developed their own special techniques for getting their points across—as all politicians do.

The Young People's Social Club is a place where every member can feel accepted and worthwhile. Many have developed strong friendships there. When disagreements arise, or someone disobeys a group rule, it is the members themselves who make the judgments. Today, when so much emphasis is placed upon strife and dissension, it is especially heartening to see one group of young people learning how to live together in harmony through the democratic process.

RECREATION AIDE AND ASSOCIATE PROGRAM AT BUTTONWOOD FARMS

Under contract with the Bureau of Rehabilitation of the Commonwealth of Pennsylvania, Buttonwood Farms has established a new, different, and exciting training program. Moderately and severely retarded adolescents and adults are being trained to work in recreation and rehabilitation settings. This is a modest beginning, but the approach has unlimited potential. The retarded become more independent, contributing members of society, and, at the same time, they are helping to meet the critical need for personnel in these programs.

Last summer a number of moderately and severely retarded adolescents and adults who had been referred to Buttonwood Farms camp by rehabilitation agencies and similar groups were trained as aides or associates to assist the regular staff with handicapped children. These aides were given the most comprehensive set of experiences they could manage during an eight week period.

The less able were taught simple grounds maintenance and given repetitive jobs that involved no danger to themselves or to others. Some worked in the kitchen and dining room; others cleaned and arranged cabins. The more able were assigned care and training duties which required greater ability and higher functional levels and involved more responsibility. Some helped children care for their toilet needs; others fed them and comforted them by playing phonograph records. They passed out and collected arts and crafts materials and workbooks in academic classes. They helped seat children in the auditorium, saw that they stayed

Lester Mann and
Martin Nayowith
Buttonwood Farms
Philadelphia, Pennsylvania

Their hands are made for helping

in line at sporting events, gave emotional support to the agitated, and provided the silent warmth and reassurance of another person who cared.

The most responsible trainees were given even more significant and skilled tasks to perform. Work was done at camp to program relatively complex training activities in physical education and recreation. When activities are broken down into their component parts they are often surprisingly simple, and they were adaptable to the limited abilities of our trainees. They were able to teach children simple parts of very complex wholes. A physical education specialist made sure that trainees performed activities properly and kept the activities in perspective. Ball rolling, trampoline activities, and balance beam walking—despite perceptual-cognitive implications—are essentially simple activities which require repetitive application to be beneficial to these children; our trainees learned to perform and teach these activities.

In fact, many people may indeed be surprised to learn how much more the retarded can perform than is expected. Just as the quality of handwork retarded children do on occasion surprises many, the quality of human services they can provide will amaze others. The Buttonwood Farms program has attempted to meet each retarded individual at his own level, fit training demands to his level, and ask him to perform as much as—but not more than—he is able. Trainees receive remuneration while in the program. By graduation they will have gained self-respect and know that they can do.

Values of the program also extend to families of retarded trainees. Parents see that their children can be useful to society even though their contributions may be modest. Interested parents are usually anxious to help their children perform some useful function outside the classroom or sheltered workshop. This program provides opportunities for parents to help their children contribute at their own level and in their own ways to family, community, and society.

If this program simply occupied the trainees in a healthy fashion during the summer, provided them with busy work, and then returned them to their everyday lives, it was valuable, but that would not satisfy our staff. Job training can only be justified if it produces jobs, and there will be jobs for some of our graduates. Rest homes face an increasing influx of older people who require maximum care and assistance. We have already been contacted by such homes to see if our trainees have the ability to work in their programs—to feed patients, put them to bed, wheel them from room-to-room, and to watch them. Since many of our trainees will never be able to function completely free, independently, and at large in society, such installations, together with mental hospitals and similar facilities, may be ideal for their placement. These facilities can provide room and board and remove complex decisions that total self-management requires. Increasingly, more agencies will be delighted to have sleep-in help—and our trainees will be happy to provide it.

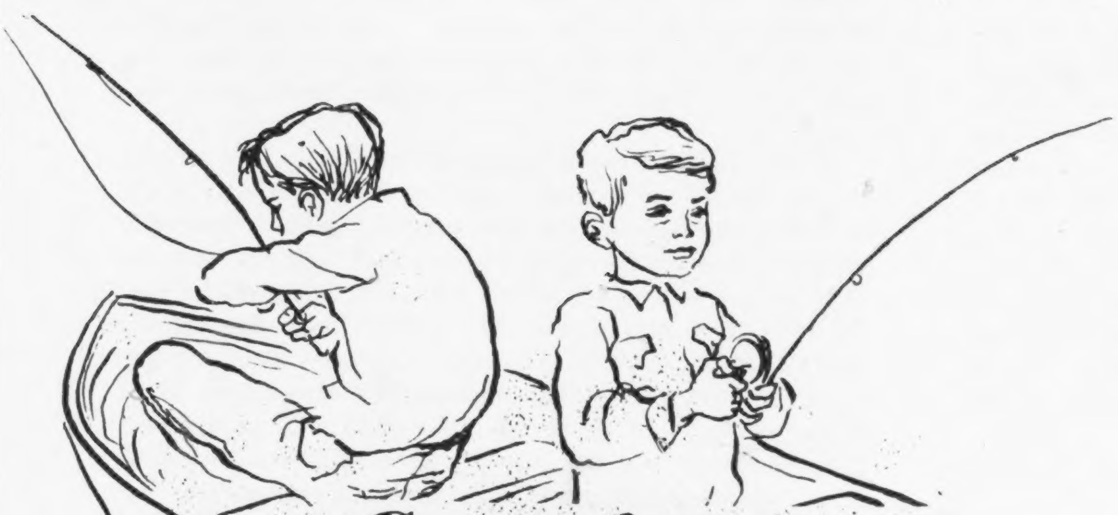
The Buttonwood Farms recreation aide and associate program is a small beginning. But it IS a beginning, and we believe that many more programs like this will appear in the future to serve dual purposes—to help the retarded gain self-sufficiency and to help alleviate the critical shortage of labor confronting those in service professions.

GRADUATION AT RECREATION CENTER FOR HANDICAPPED

The Recreation Center for the Handicapped held its first "Graduation in Recreation" for 69 handicapped young adults, at the Hall of Flowers in Golden Gate Park (San Francisco), last November. The 69 have developed social skills and abilities to allow them to take part in other programs and thus make way for the more helpless who are on the Center's huge waiting list. The graduates wore caps and gowns to receive their elaborately printed parchment diplomas.

Staffs of the Recreation Center and the San Francisco Recreation and Park Department worked closely to integrate the 69 into recreation programs offered by the City Department at several playgrounds. Almost all of the graduates had spent most or all of their lives in Sonoma State Hospital, and had been back in the community, living in foster homes, for only three years. The Center will take back any of the graduates who "can't make it" in other programs, but the staff doesn't expect any to return for that reason. Janet Pomeroy, Founder and Director of the Center, is already planning Homecoming and an Old Grads Day for them.

Members of the Center staff, representatives of the Recreation and Park Commission, and other dignitaries from the Bay Area took part in the ceremonies. Dorothy McDougal, who in her former job at the Bureau of Social Work had been responsible for many of the graduates when they were first returned to the community from Sonoma, spoke. Her speech's title: "You've Come a Long Way, Baby!"



Canoeing & wilderness camping

ROGER J. ANDERSON
Onatonna State School
Onatonna, Minnesota

The staff at Onatonna State School (Minnesota) has enriched its program for the educable mentally retarded by making available an increasing number of "life experience situations" for its students. The school has utilized off-campus community resources and facilities, recognizing the importance of conducting activities in a setting which provides as much stimulation and motivation as possible.

Camping has been stressed and has become increasingly popular because of its value as a wholesome leisure time activity which can be followed in later life. During the last several years, personnel at Onatonna State School have provided camping experiences for small groups of students in state parks and public camp grounds or cabins. These outings proved successful and beneficial for the mentally retarded, and the administrative staff recommended an increase and expansion of the camping program.

Accordingly, it was decided that a canoe trip into a wilderness area should be attempted, to determine the advantages and disadvantages of boating and wilderness camping and the extent to which the educable mentally retarded were capable of participating in such an activity.

Four boys were selected for the trip. The group was kept small so that adequate preparation and supervision would be possible—as well as for financial reaosns. The boys (CA's 15, 17, 17, 18; MA's 9.9, 9.6, 11, 12; grade placement achievement levels 2.6, 4.8, 3.5, 2.9) were of rather low functional level, i.e., exhibited a low level of maturity and did not have good coordination or ability to learn motor skills. They were completely inexperienced in canoeing and wilderness camping. Selection, made by members of the school staff, was based on three criteria: (1) students who had little family contact and few opportunities to leave the institution for outings or vacations, (2) those who showed an interest in outdoor life and a willingness to go, and (3) those whose conduct over recent months was satisfactory. All four boys were classified as cultural-familial retarded. There was a variety in terms of personality, IQ, and functional ability, to give a good cross section of the resident population.

Preparation for the trip consisted of six training sessions, each between 1½ and 3 hours in length. They included general orientation and explanation of the trip, canoeing, familiarization with equipment, menu planning, clothing needs, and packing for the trip.

The trip was taken into the wilderness area of the Superior-Quotico National Forest in northwest Minnesota. It lasted four days.

The instructor's report

The boys managed the canoeing reasonably well, as had been expected. During the first day we paddled about ten miles and experienced three portages, 36, 48, and 19 rods in length. The boys were somewhat disorganized on the first portage, but much improvement was made on the second, and they were able to organize themselves quite well on the third.

We arrived at the camp site about 5:00 p.m. Much work was necessary to prepare the tent site, and build a fireplace for cooking supper. The boys were interested in these activities but their inexperience and lack of intuition made it necessary for direct supervision to be provided. Since many of the duties could not be delegated to the boys on an independent basis, we worked together in completing each task until our duties of the day were finished.

Because of the long first day, all of the boys were tired and did not wake up until about 8:00 a.m. The boys, who had been anxious to start fishing, had some good luck even before breakfast. The boys were able to manage the canoes well but had difficulty fishing from them because of their lack of experience with rod, reel, and selection of baits. Some fishing lures were lost because of rocks and snags. A strong wind in the afternoon forced the boys to fish from the shore, and they caught a nice string of pike.

The boys did well with breakfast, and improvement was noted since they were more familiar with the task of cooking and the equipment used. The wind made it difficult to prepare supper, however, and a windbreak had to be built. The supply of firewood was depleted quickly. Replenishing the woodpile was a chore the boys were most reluctant to do, either because it took them away from the center of activity or because they had difficulty in understanding the need to keep a supply of wood on hand.

On the third day everyone was up at 6:00 a.m. and began to fish at once. During breakfast we decided to break camp and move to another lake, and so we organized our duties with regard to packing equipment. A misty rain began, and we proceeded with the canoe journey in the rain.

We arrived at the new lake about noon and selected a camp site. The boys were extremely pleased with it and were eager to get the tent up and other duties completed so that they could explore the new surroundings. The afternoon was hot and still; so all the boys had a swim in the inviting waters. Supper was prepared early so that the evening could be spent fishing and canoeing. Since fishing was poor, the boys explored nearby islands and raced the canoes.

On the morning of the fourth day, we were all up by 6:30 a.m. to prepare breakfast and then break camp. It was difficult to keep the boys organized and on the job on this morning because of the many things which had to be done, but we left the camp site by 8:45 on the last leg of the trip back to the lodge.

General observations

The amount of preparation during the training sessions was adequate for this particular group and gave them sufficient knowledge of canoeing and equipment to avoid major mishaps. Some of the training did not accomplish the purposes intended because of the boys' inability to comprehend the nature of the trip through discussions. They did not understand the basic principles of the canoe trip until they had, in fact, had the experience. There was a relationship between coordination and functional ability and the amount gained from the training sessions; if lower functioning boys were involved, more time would have to be spent in canoe training.

Little would have been gained from further training in food planning, however, since the boys lacked the knowledge and intellectual ability to schedule this independently. It was assumed that with the experience gained from one trip, the boys could contribute to a much greater degree in planning a future trip.

Generally the boys did well in all areas of wilderness canoeing and camping; they did sufficiently well to consider the trip a success. They enjoyed it and were eager to go again.

Accomplishments

The following specific accomplishments were noted:

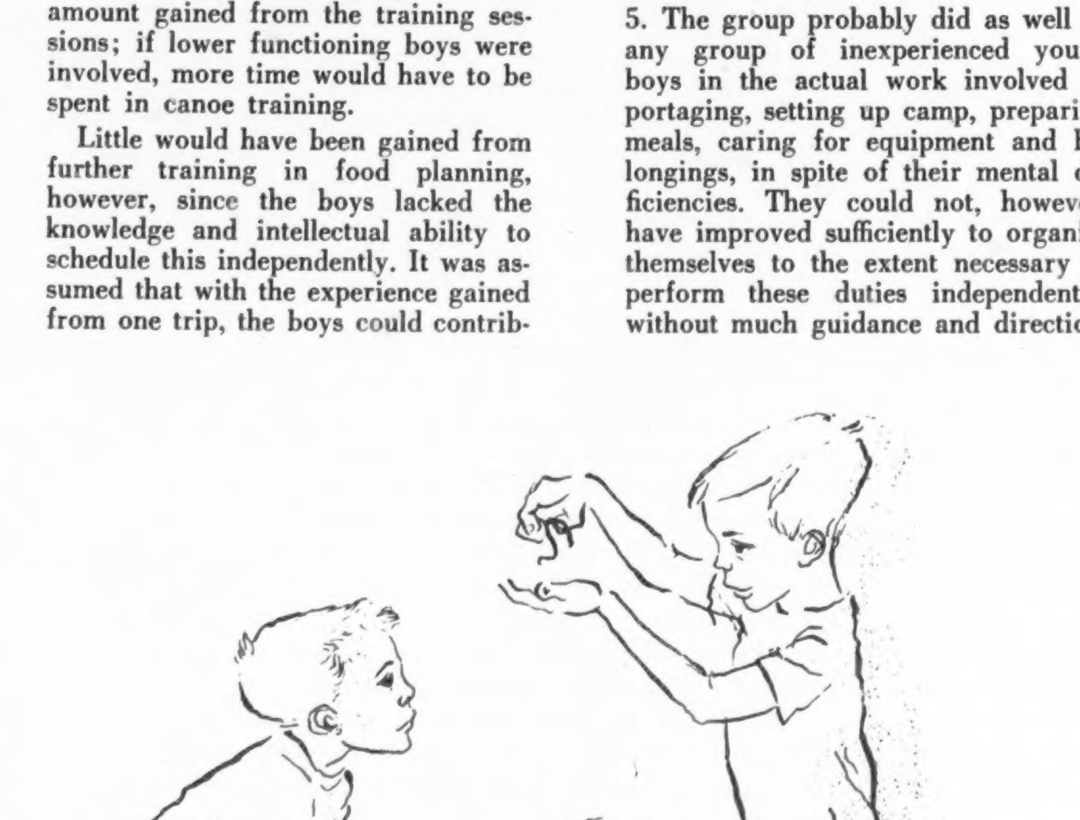
1. The group did very well in paddling; improvement was made by all boys during the course of the trip.

2. All the boys improved vastly during the course of the trip in assuming responsibility for necessary chores and duties around the camp, including such things as preparing meals, doing dishes, securing firewood, keeping equipment and personal belongings organized.

3. The group showed good interest in all aspects of the trip.

4. The group exhibited very good behavior. They all maintained good dispositions and there were no individual behavior problems.

5. The group probably did as well as any group of inexperienced young boys in the actual work involved in portaging, setting up camp, preparing meals, caring for equipment and belongings, in spite of their mental deficiencies. They could not, however, have improved sufficiently to organize themselves to the extent necessary to perform these duties independently, without much guidance and direction.



Deficiencies

The following deficiencies required close supervision and guidance:

1. In spite of the orientation and actual experience gained, the boys needed a considerable amount of direct assistance and could not be relied upon to use independent judgment abilities for tasks. They did improve in this area, however, during the trip.

2. The boys lacked ability to locate directions and were not able to use maps or guide themselves in the wilderness. They also lacked interest in learning more about geography and asked very few questions.

3. A definite lack of leadership ability was apparent.

4. The group's main interest was directed toward fun and they did not appreciate fully the extent to which one's abilities are needed to survive in the wilderness area.

Recommendations

The following recommendations are made for future trips: set a slower pace to allow more time for the instructor to concentrate on independent actions; allow more time for traveling, covering less territory; make more changes in camp sites, to permit more opportunities for exploring and organizational needs around camp; keep the group small (one instructor for four inexperienced campers). It would also seem that the following topics are worthy of future study: compare progress and achievement in wilderness camping for mentally retarded and normal boys; follow up with the same group to determine the permanence of the experience gained and the potential for further progress; compare cultural-familial retarded with brain damaged and emotionally disturbed retarded in ability to perform in canoeing and wilderness camping.

SUMMER PROGRAM FOR

The special education program for physically and mentally handicapped children in Muskegon County (Michigan) consists mainly of regular classroom or in-school activities. These include remedial work and other activities originated by the teacher, who is usually housed in a self-contained classroom. Physical and occupational therapy, speech therapy, and individual and family counseling are provided when needed.

The program for the mentally retarded is conducted in classrooms housed in many separate buildings, and is administered by several different school districts. Children who are assigned to a specific high school program may have little in common with other class members other than that they all have severe learning problems. Due to deprivation, sheltering, and an overall shortage of staff, materials, and facilities, there has been a lack of continuity in the types of experiences the students have had. A special summer program has helped to remedy this situation.

School is often the highlight of these children's lives. Their progress is steady as long as school is in session, but when summer arrives, many regress. This is especially true of children from ghetto areas and sheltered homes, who have little or no stimulation through the summer. There are other children who have little or no confidence in their schools or teachers. Their lives, both in and out of school, have been failures, and they see school as a forbidding place. For them, summer can't come soon enough. Unfortunately, they often have little that is constructive to occupy the empty hours that summer brings. To them, recreation may mean hanging around a street corner, or getting into trouble.

Many physically and mentally handicapped youngsters have had few of the experiences which are considered essential to learning. (Some live within five or ten miles of Lake Michigan, but never have seen it.) As our staff considered conventional summer school programs, which by tradition have been remedial in nature, we began to dream of something different. We visualized the kind of program that every school should have, offering the kinds of activities which make children want to come to school. A special summer program was designed, which focused on fine arts enrichment, recreation activities, some academics, and a variety of enrichment experiences.

Of particular benefit to the program was our affiliation with the Blue Lake Fine Arts Camp, a local organization which is somewhat similar to Interlochen. Blue Lake takes gifted children for an intensive two-week camp experience in music, dance, drama, and the fine arts. Our students attended outdoor practice sessions of the Blue Lake campers. The vocal music coach introduced a variety of tunes which were catchy and easy to learn, and taught the youngsters action responses. The art instructor assembled action pictures and alphabetical letters for a demonstration of how to make an 8mm art movie. Sketching trips helped to acquaint our students with the Blue Lake camp area.

The drama teacher's initial objective was to draw out the children, through a series of activities which gradually elicited self-expression. In one of these, one child faced another—one taking the part of an actor—while the other became a mirror, who had to imitate the actor's every move.

The children's response to modern dance and ballet surprised many of the classroom teachers. Strong rhythms, such as Herb Alpert's music, and a rigorous series of warm-up exercises resulted in graceful efforts by students to coordinate music and physical activity. The physical therapist noted that children who had never actively participated before were now doing so with enthusiasm.

Attendance at three special events—the Piccolo Opera Company's presentation of *Little Red Riding Hood*, a concert given by the Blue Lake Faculty Orchestra, and a musical production, "Take a Shoe," which combined music, dance, drama, and art—highlighted the activities at Blue Lake Camp.

Extensive use was made of the local surroundings, and the children visited utility companies, a flea market, a car ferry, the county fair, a bakery, some food wholesalers, a museum, farms, the fishing site at the state park, offices of the Muskegon *Chronicle*, and a cannery. Individual needs and interests were considered when activities were planned. For instance, a beautician showed the girls how to care for

HANDICAPPED

JAMES S. BONNER, COORDINATOR
RICHARD D. GRAEFF, COORDINATOR
MARQUETTE SCHOOL
MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT
MUSKEGON, MICHIGAN

their hair and gave other grooming hints while the boys were engaged in a woodworking project.

Teachers averaged seven experience trips over the summer-school period. One teacher's delighted comment was, "The children had a chance to actually see these places, instead of talking about them, reading about them, or hearing someone else (usually the teacher) talk about them."

Recreational activities made up a large part of the summer program. Although team sports such as basketball and softball were offered, exposure and emphasis were given to individual games and to less strenuous group games and activities. Swimming, hiking, horseshoes, volleyball, shuffleboard, fishing, and a full crafts program were included.

Concern had been voiced in regard to the loss of learning and progress observed in handicapped children when they returned to school each fall; therefore the inclusion of academic work in the summer program was carefully considered. Some academic experiences which were deemed necessary were scheduled. For example, in the case of language development, in which the child with a hearing impairment must receive steady training if he is to progress, arrangements were made to teach language, lip reading, and speech training.

The portion of the program housed at Marquette School served 285 children (20 classrooms), 225 (15 classrooms) of whom were mentally handicapped. The physical setting was excellent; an all-purpose room and a gymnasium were available. Spacious playground space, which includes a city park, complete with softball diamonds, horseshoe pits, shuffleboard courts, and picnic areas, surrounds the school.

The staff numbered 35 and consisted of teachers, therapists, psychologists, social workers, and teacher aides. They represented all areas of special education, and several, who felt they had something to offer these children, were from the regular classroom. School consultants in speech, health, and diagnostic and psychological services were available. For the most part, activities were planned for teams of two or more teachers, a teacher's aide, and not more than 60 children. Grouping for activities, such as the weekly trips to Blue Lake and the experience trips, was carried out through the team system. Teams worked together as units during daily in-service meetings which featured speakers and focused on special work on curriculum, methods, and approaches.

The program encouraged teachers to experiment. One tried to improve reading skills by having the children use typewriters. He was so pleased by the results that he plans to try adding machines for arithmetic. Another teacher tried a reward system, with instant rewards replacing traditional grades. No grades were given during the summer, since each child was evaluated on the basis of his progress and achievement as an individual. These evaluations were sent to his regular school teachers.

Changes will be made to improve the quality and intensity of experiences for children in the 1969 summer program. Some trips that were educationally lacking will be eliminated; an overnight camping trip at the county park on Lake Michigan will offer opportunities for cooking, outdoor education, and tenting; Blue Lake Camp may lend its facilities for a more intensive drama program; an instructional swimming program will be added, if possible; greater emphasis will be placed on fishing, horseshoes, shuffleboard, and other activities which have carry-over value for individual adult recreation; and it is hoped that small-scale events, such as woodwind or string ensembles and dramatic productions, will be initiated at Marquette.

An unexpected dividend of last year's program was the low incidence of disciplinary problems. This seemed to be the result of a friendly, informal situation which offered many challenging and interesting activities. In the school setting, classroom time was used for following-up the Blue Lake portion of the program, preparing for and following-up experience trips, showing and telling, arts and crafts, reading and library activities, and other team projects.

The team approach developed a fine cooperative relationship among the teachers and between teachers and students. Services of diagnosticians, health consultants, social workers, speech therapists, and other personnel greatly strengthened the program, furthered the team concept, and brought about greater understanding of student progress.

boldheartwarming

THE OUTDOOR CAMPING EXPERIMENT IN WESTCHESTER COUNTY, NEW YORK

The two middle weeks of August in Westchester County, New York, marked the inception of a long-needed, bold, and heartwarming experiment which proved its value for future summers. The Westchester Association for Retarded Adults, United Cerebral Palsy of Westchester, and Grasslands Hospital recommended 48 young handicapped adults for two weeks of outdoor camping at Croton Point Camps on the Hudson River. The camp is a facility of the County of Westchester Department of Parks, Recreation and Conservation. A number of public, private and voluntary agencies planned and implemented this shared vacation experiment. A pilot project in outdoor camping was scheduled with participants including mentally retarded, cerebral palsied, and emotionally disturbed adolescents.

For the physically disabled, special ramps were built up to the cabins and the dining hall to enable those confined to wheelchairs to move freely with a minimum of aid. Special guardrails on the ramps and handholds in the shower stalls were added.

The recreation program was diversified. It was made available to all the campers on a *choice* basis, participation being on a purely voluntary level without regimentation. Choices included craftwork, swimming, volleyball, softball, tennis, cookouts, hikes, fishing, evening entertainment — including sing-outs, social dancing, and impromptu skits and games, and evenings in town with visits to bowling lanes and movies.

For many of those attending, it was their first extended vacation away from homes and relatives, providing an opportunity to *make it* on their own. The ratio of staff to campers was high — one to three — but the camp rationale was *guidance with a loose rein.*

Financing the venture, one of the earliest problems in planning, was solved by voluntary agencies offering camper scholarships to individuals served by their agencies. The camp facility itself was provided by the Westchester County Department of Parks, Recreation and Conservation along with planning assistance and guidance from the department's supervisor of special services.

A girl named Rose, who walks with difficulty, using canes, came to camp without a bathing suit, not expecting to swim. By the end of the week she was in the pool, clothes and all, relaxed and happy on a huge black tire.

A postcard to his boss from a young man on vacation from the local sheltered workshop read: "The weather is nice here for the last two days and we went swimming yesterday and today. Tomorrow we might go bowling or swimming again. Yesterday night we had a dance at the mess hall. Then after that we went to bed. Today we had meat loaf for lunch."

Jim, a boy from Wassaic State School, was delighted with the tile coaster he produced. Sam, suntanned, smiling, loved to walk in the tree-lined hilly trails of camp, greeting by name the many friends he passed.

successful:

CHARLES E. POUND
Commissioner, County of Westchester Department of Parks, Recreation, and Conservation, White Plains, New York

Anthony J. Lombardo, executive director of the Westchester Association for Retarded Children, expressed his pleasure in the pilot project by stating, "The camping period for the handicapped at Croton Point Camp represents an outstanding demonstration on the part of the County of Westchester of concern for the recreational needs of the ill and handicapped. For the retarded adults with whom our Association works, this camp in many cases represents the only vacation available at a reasonable cost. Its location, relatively close to home, makes visiting and transportation to and from camp simple."

A particularly memorable day for the campers was the Sunday visitors day when friends and relatives arrived with anxious concern, observed with awe the relaxed and happy atmosphere, the smoothly operating program, and the general attitude of bonhomie that prevailed, and departed with doubts allayed. Many of them expressed surprise at the self-sufficiency and well-being of the handicapped campers.

All twelve of the camp's staff counselors donated their tip money to the Association for Retarded Children to help defray the cost of sending a camper to the two weeks at Croton. The generous gesture represented more than the money involved. It symbolized the attitude of the counselors and everyone else working at the camp — that this was in no way a money making job, but rather an opportunity to make the fledgling program a success.

Suggestions for Teaching Skills to Handicapped Children

ORRIN MARX
Supervisor, Physical Education Department, University Hospital School, University of Iowa, Iowa City, Iowa

Do not take a child's physical skill or motor ability for granted.

Give assistance and supervision until the child can perform a movement, motor pattern, or skill safely and successfully.

Consider each handicapping condition in terms of how it affects teaching methods and approaches.

Think in terms of experience and participation for each child.

Emphasize appropriate work habits along with the execution of each movement, motor pattern, and skill.

Focus on participation, learning, and experience in games, relays, and contests — winning is not the major goal.

Teach movements, motor patterns, and skills in parts rather than wholes.

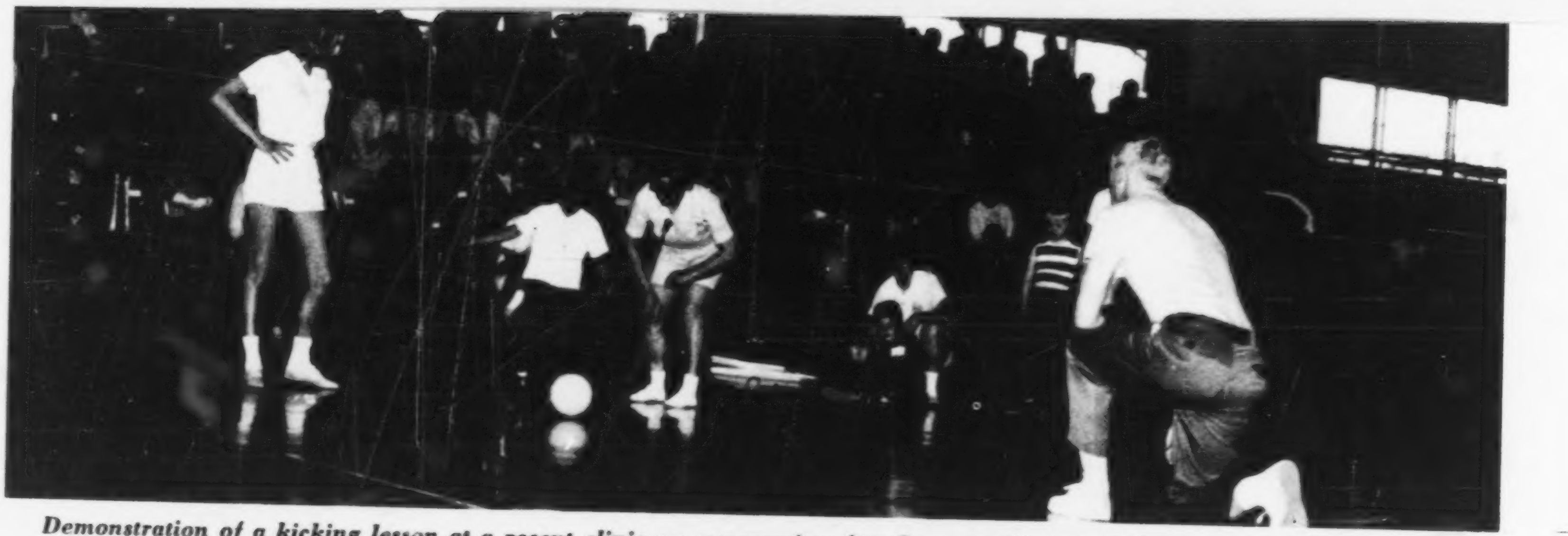
Overtrain a child whenever possible.

Consider difficulty, safety, and values — present and future — of activities along with the needs for specific skills as part of each individual's developmental training when planning programs.

Remember that regardless of a child's chronological age, his readiness for learning motor skills and for participating in physical activities may not be known.

Keep a daily record of each child's participation and progress.

Relax and have fun while you work.



Demonstration of a kicking lesson at a recent clinic on programing for the mentally retarded sponsored by the Project

EXPERIMENT IN VOCATIONAL CAMPING

Anthony T. DaPonte, Gladstone Street School
Cranston, Rhode Island

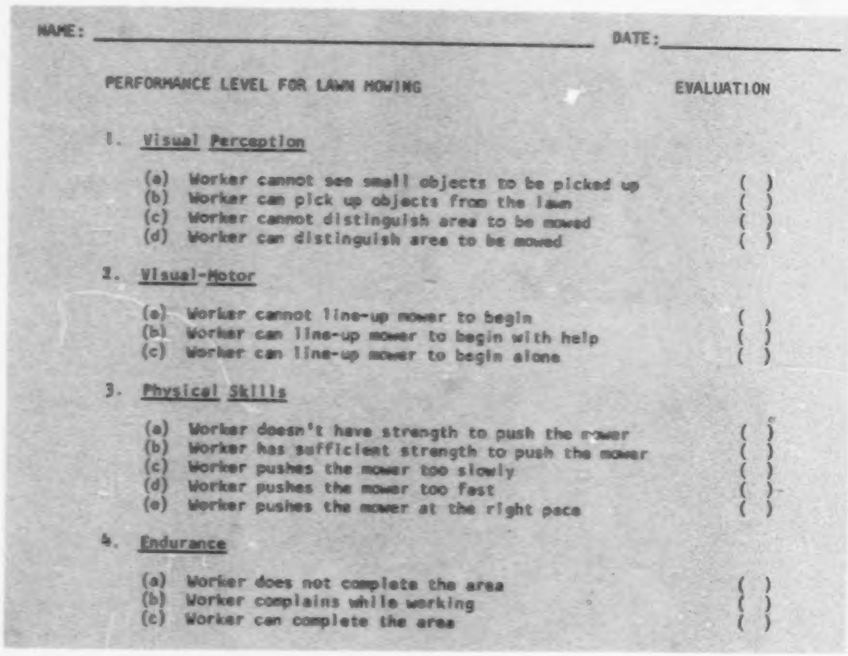
This report describes an outdoor activity for older trainable teenagers who in the summers of 1965 and 1966 attended Camp Stone Tower, a summer day camp operated by the Bristol County Association for Mentally Retarded Children on the campus of Barrington (Rhode Island) College.

Interest in recreational activities varies according to age; to an older teenager work is as important as play. Six trainable mentally retarded teenagers mowed lawns and raked leaves as a part of their daily camp program. Although the teenagers (CA 17 to 21) had the physical strength to perform these outdoor tasks, their ability to integrate the visual motor skills necessary for successful execution of the tasks was questionable. A special project was set up to analyze the manual motor skills of these tasks and to evaluate the teenagers' strengths and weaknesses in performing the skills.

Long strips of nylon tape were stretched across the grass to provide guidelines for the wheels of the hand mowers and to evaluate the accuracy of each camper's performance. For the leaf-raking tasks specific areas were designated which the campers raked; then they picked up and carted the leaves away in a wheelbarrow. Each camper's performance was evaluated in terms of visual perception, visual motor activity, physical strength, and endurance. (See the chart for specific details.)

The results of this project were encouraging. Generally the teenagers worked with enthusiasm; one needed extra encouragement because of a communication problem affecting his understanding of directions. The teenagers could see the results of their labor, which gave them the personal satisfaction of knowing that they contributed to the beautification of the camp grounds.

Their performance, recorded daily by the volunteer teenage staff, pointed out the individuals' strengths and weaknesses in visual perception, visual motor coordination, physical strength, and endurance. Comments pointed to deficiencies, such as the need to survey visually the total area before beginning a task, to slow down the pace of the walking gait, and to use coordination as well as strength in performing a task.



NAME: ______________________________ DATE: ____________

PERFORMANCE LEVEL FOR LAWN MOWING — EVALUATION

1. Visual Perception
   - (a) Worker cannot see small objects to be picked up ( )
   - (b) Worker can pick up objects from the lawn ( )
   - (c) Worker cannot distinguish area to be mowed ( )
   - (d) Worker can distinguish area to be mowed ( )
2. Visual-Motor
   - (a) Worker cannot line-up mower to begin ( )
   - (b) Worker can line-up mower to begin with help ( )
   - (c) Worker can line-up mower to begin alone ( )
3. Physical Skills
   - (a) Worker doesn't have strength to push the mower ( )
   - (b) Worker has sufficient strength to push the mower ( )
   - (c) Worker pushes the mower too slowly ( )
   - (d) Worker pushes the mower too fast ( )
   - (e) Worker pushes the mower at the right pace ( )
4. Endurance
   - (a) Worker does not complete the area ( )
   - (b) Worker complains while working ( )
   - (c) Worker can complete the area ( )

Some attempt was made to use these data in prescribing corrective exercises for the boys during their physical education program. Balancing planks were provided to improve walking in a straight line — a skill required in mowing a lawn. Comparisons of performances on the athletic field and in work areas were made. Endurance while playing tennis was compared to endurance while performing these work tasks. Attention span and ability to listen to directions are involved in play and work and were compared.

To implement a program in which play and vocational activities supplement and complement each other, the staff must have the interest to work with these teenagers, supervise play activities, and to go above and beyond the call of duty. Vocational tasks need to be analyzed in terms of their basic manual motor skills. Physical education and recreational activities should then be prescribed which will develop these specific motor skills and abilities. Research projects are needed to provide direction and evidence of the efficacy of such an approach.

The most rewarding result of this project was in seeing the willingness and eagerness of the teenagers to work and earn wages in their own community by helping a landscape gardener. The trainable mentally retarded teenager who is properly motivated and trained *can* be helped and *can* contribute to society in his own way and at his own level.

CLIFFVIEW

In Hamilton, Ohio, mentally retarded boys and girls have BUILT a large outdoor education facility for the schools and the town with the help of Jim Grimm, director of health, physical education, recreation, and athletics. The area, called "Cliffview," is adjacent to a junior high school and within jogging distance of a senior high school. Some of its attractions are a bicycle trail, council rings, cookout areas, and special activity grounds for archery and riflery. A cement multipurpose floor is used for roller skating and for dancing.

There are also hiking trails and a nine-hole pitch and putt golf course.

The retarded students worked on the construction of Cliffview after school and during the summer. They cleared the woods, built dams, split logs, and laid cement. They were paid for their efforts through a Title I grant.

During the last school year over 3,000 Hamilton students spent at least one day enjoying themselves at Cliffview. In addition, over 500 tourists from all over the Midwest visited the facility.

CAMPERS PREFER . . .

The manual of Camp TAEE, a day-camp program for the mentally retarded and physically handicapped (Meridian, Mississippi), lists the following qualities possessed by counselors as those most favored by campers.

1. Agreeable, friendly, and approachable.
2. Strict and can maintain order.
3. Participates in all activities with the campers.
4. Sympathetic and understanding.
5. Fair and has no favorites.
6. Efficient in his assigned work in camp.
7. Not overbearing, bossy, or conceited.
8. Not unnecessarily severe.

RESOURCE LIST AVAILABLE

A comprehensive list of materials dealing with outdoor living skills, nature studies, home living skills, learning potentials, seasonal sports, and nature crafts has been developed by Richard Endres, Brainerd State Hospital, Minnesota. A limited number of these are available from Camping Resource Materials, Programs for the Handicapped, AAHPER, 1201 16th Street, N.W., Washington, D.C. 20036.

Outdoor experiences are important components in the "growing-up" process. It can no longer be taken for granted that, somehow, today's children will have opportunities for outdoor learning and living. Outdoor education must be planned and be a part of the process of education. While such programs . . . —JULIAN SMITH

Camp Lotsafun

JIM RAYMONDJACK, DIRECTOR
CAMP LOTSAFUN
MONROE COUNTY, BOCES #1
LESTER B. FOREMAN AREA EDUCATIONAL CENTER
FAIRPORT, NEW YORK

Friday began as any other summer day. The yellow caravan of buses arrived and started to unload what everyone thought would be our Camp Lotsafun campers. Instead, the play area was suddenly swarming with pirates! Even Captain Hook was there! The fiercest-looking pirate of all came forward and told everyone that it was time for the flag salute, and it was soon evident to everyone that the fierce pirates were really Camp Lotsafun campers. Following this and a selection of pirate songs, the pirate aides performed a suspenseful drama. The drama ended with the capture of a treasure map; a treasure hunt for candy followed.

Each of the seven Lotsafun weeks had a theme—*Circus, Roughing It, Blast Off for Lotsafun, Pirates, Going Fishing, Our Animal Friends,* and *Cowboys and Indians*—around which all activities were planned. Each day began outside at 9 A.M. with the flag salute and songtime. What the children lacked in talent, they made up for in enthusiasm! This was followed by the first of four group sessions—arts and crafts, nature and camp skills, story and library time, and recreation. Campers were divided into four groups, according to age and ability; groups rotated to different group sessions throughout the day. There was an average of 49 campers each week, with 89 different children attending over the seven weeks. These 89 represented the four types of learning disabilities for which BOCES #1 is responsible—trainable mentally retarded (33%), educable mentally retarded (31%), perceptually handicapped (32%), and emotionally disturbed (4%).

At 10:15 everyone assembled in the gym for snack time and a general activity period which was followed by the second group session. Lunch was next—each child brought his own lunch to eat outside, picnic-style. (Lunchtime was always exciting on Thursdays—the day the Ice Cream Man came, with popsicles for everyone.)

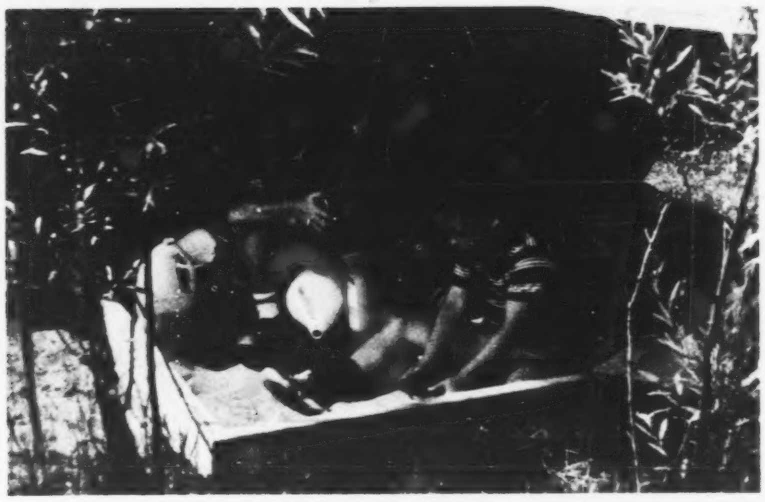
By this time, everyone was ready for a brief rest in the gym. The last two group sessions followed and at 2 P.M. campers wearily climbed into buses to begin their journey home.

Wednesdays were special days, when campers went on field trips to broaden their experiences outside the home-school environment. They visited such places as the Seneca Park Zoo, Lollipop Farm, Roseland Amusement Park, Rochester Museum of Arts and Sciences, and four of Monroe County's lovely parks.

All campers participated daily in some form of recreational activity. They went swimming twice weekly at two private pools near the camp. (Swimming was purely for fun, since time did not permit an instructional program.) Foreman Center gymnasium was used for campers to roller skate, climb ropes and jungle gyms, jump on the trampoline, play ping-pong, basketball, and many other games. Out-of-doors, campers played badminton, volleyball, softball, and took part in track and field events. Very small children played in their own special Kiddy Corral, a fenced area with sandbox and jungle gym. Opportunities were given all children to play croquet, shuffleboard, and different ball games each day after lunch. They were encouraged to choose activities in which they were interested and which provided successful experiences, leading to further enjoyment and increased motor skills, physical fitness, and active participation.

During Going Fishing Week, the *Gone Fishin'* sign was posted each time campers took a field trip. The staff made sure that bamboo poles, string, hooks, and bobbers were provided those campers who did not have equipment of their own, so that everyone who wanted to fish had the opportunity. On one field trip, the first stop was the county fish hatchery, where everyone saw rainbow trout. Campers and staff tried to catch trout that had been stocked in a stream especially for their visit. At the end of the day the stream was minus 13 rainbow trout—and Camp Lotsafun had some very happy fishermen.

Story and Library Time was also structured around the current week's theme. During this time, campers used storybooks and picturebooks, viewed movies, listened to records,



sang songs, played appropriate games, used rhythm instruments, and looked at various displays obtained from the Rochester Museum of Arts and Sciences.

During Going Fishing Week, campers made fish puppets and created their own stories for a puppet show on a cardboard stage. Many were surprisingly imaginative in formulating their own adventure stories. The stories about baby animals during Our Animal Friends Week promoted excellent impersonations by some of the youngest children. The abilities and talents of the children never ceased to surprise staff members. In addition to the camp director, the staff included four paid members, all qualified teachers at Foreman Center. The campers also had a group of teenage volunteer aides to help them in various activities. Each week the aides wrote a skit incorporating the theme, and then performed it Friday morning. In all, there were three children to each staff member.

Nature and camp skills provided many new adventures for campers in an exploration unlimited. Several tents served as the base of operations for this program, which spread to surrounding fields, so that the children could chase butterflies, search for snakes, look for animal tracks, set live traps (which proved unproductive), wade in streams, and generally enjoy the out-of-doors. They learned how to build a campfire and cook simple meals. They not only learned to safely use an axe and saw, but gained a respect for fire and learned how to control it. Younger children were introduced to snakes and birds. One rainy day while older children made terrariums, the younger ones went outside, accompanied by their barefooted counselors, to squish mud between their toes.

Campers made use of local flora to make willow whistles and simple ring-toss games. They picked baskets of wild raspberries which were quickly eaten. Another project involved gathering, identifying, and mounting wildflowers. All of these activities contributed to an awareness of the natural surroundings and how to enjoy them.

The arts and crafts program was designed to stimulate and provide outlets for creativity. Limited finances forced dependence on odds and ends such as egg cartons, coffee cans, and similar items collected by parents and local service groups. In spite of the modest assortment of materials, campers transformed them into various types of craftwork that related to the weekly themes—paper and spool toy elephants, detergent-bottle sailboats, coffee-can tom-toms, paper pirate hats, juice-can elephant banks, and paper-roll rocket ships.

At first there had been some apprehension about this venture into the unknown. Would camping on school property be a disadvantage? Would mixing four types of learning disabilities in one camp situation cause problems? Would the activities offered appeal to all the children?

The best indication everyone had concerning the success of Camp Lotsafun was the desire which campers exhibited to come to camp as many weeks as possible. Most of the children originally registered for only one week, but once they had spent a week at camp they wanted to return.

One of the major successes involved children who were scheduled to enter Foreman Center for the first time in September. The staff watched many of these shy, quiet children blossom into excited, happy campers. They had become acquainted with their school and classmates, and by September were ready to enter the regular academic realm free from the apprehension a child usually faces when entering a new school.

In many cases there was considerable growth in campers. The entire program enabled each child to experience happiness and success in a new and different setting. It was a rewarding experience for most of them—an experience made possible only through the concern and cooperation of parents, staff, and school administration.

A CAMP LEADER MUST FILL MANY ROLES:
GUIDE, COACH, FRIEND, TEACHER, BIG BROTHER (OR SISTER).
A CAMP LEADER MUST WORK WITH TWO CAMPERS IN EACH CHILD —
THE ONE AS HE IS, THE OTHER AS HE WILL BE.

A camp leader must honestly like campers and camping. He must recognize that lack of interest may be due to insufficient skills, poor materials, or absence of fun in a project. He must teach fair play over and over again. He must remember that individuals come to camp with their own desires, conflicts, and attitudes. He must teach skills and techniques remembering that attitudes are caught and not taught. A camp leader must agree to take part in or lead camp activities, bearing in mind that they are geared to the camper. He must be friendly to all camp participants, displaying no favoritism and no prejudice. He must set an example for the campers through personal cleanliness, appropriate dress, and good posture. He must be alert to the needs of campers and be quick to do tasks needing to be done. He must participate in staff meetings and contribute worthwhile suggestions in a spirit of loyalty and cooperation. He always works to the best of his ability to produce a spirit of unity in camp.

From the *Camp Spedula Staff Manual*
LOUISIANA STATE DEPARTMENT OF EDUCATION, FAYE P. MCCORMICK, DIRECTOR OF SPECIAL EDUCATION

Two campers in each child

THE ONE AS HE IS
THE OTHER AS HE WILL BE

MARTHA F. ROGERS
BOX 365, MORRILL, NEBRASKA

Summer camps offer many wonderful opportunities for everyone connected with them; campers, counselors, and directors all gain from their experiences. For three years the author directed a day camp for multihandicapped children sponsored by the Scotts Bluff County (Nebraska) Chapter of the National Easter Seal Society for Crippled Children and Adults. The camp was held on ground provided and maintained by the local Kiwanis Club. This is an account of one camper's experiences and what a camping program helped him to accomplish.

The camp and its program were designed to provide multihandicapped children with some of the same camp experiences that nonhandicapped children enjoy when they go to camp — crafts, physical activities, nature awareness, group activities, singing, hiking, and other outdoor activities. No attempt was made to include any formal academic instruction during the one-week camp program.

Ten children were enrolled in the camp; each child was assigned a volunteer counselor on a one-to-one basis. Both the camp director and supervisor felt that the individual attention inherent in this type of camper-counselor relationship was one of the most valuable contributions and important assets of the camp program. Each child had someone who was really interested in *him* as an individual and in making *his* camping experiences pleasant and memorable.

Tad, an eleven-year-old mentally retarded boy, was very active, extremely strong, and seemingly a most uncooperative bully. He had a history of being a discipline problem which seemed to stem from his resentment of authority. However, while waiting for his ride home the second day of camp, Tad visited the camp director and *volunteered* information about things he enjoyed doing and about some of his aspirations. He wanted to be a Boy Scout but did not feel he could do things required of a Scout. Obviously, Tad had revealed a need for a very special kind of attention. He wasn't really uncooperative; he had displayed his particular form of behavior to gain attention and to satisfy his unrecognized needs. Had Tad actually been uncooperative and resentful toward authority, he never would have confided so willingly in the camp director; he was searching for an outlet, a building block, a way to meet his own needs.

The next day campers were divided into groups and assigned certain duties around camp. Tad's group was responsible for raising and lowering the flag each day, gathering wood and building a campfire for the Friday night program, and keeping the camp grounds neat and orderly. When given carefully chosen responsibilities — those within his capabilities — Tad became a different person; other boys in his group looked upon him as their leader. Tad was conscientious and showed great concern for the responsibilities of his group; he wouldn't go home until he was sure each task had been carefully completed. He became enthusiastic about the camp program and cooperated fully with both fellow campers and staff members.

During the Christmas holidays, the camp director saw Tad shopping with his mother; he was *all* smiles. *"I made it!* They told me I could be a Boy Scout 'cause I could do things." Tad had the ability to be a Scout before camp, but he lacked the self-confidence to try. Tad's camping experiences helped give him this needed self-confidence; the camp program helped him to recognize his own capabilities. Tad had known all along what he wanted; he simply needed to be motivated to pursue his goals.

KILOWANA

Each group of campers developed a spirit of unity and loyalty for camp which was reflected in their enthusiasm for active participation and learning, assuming responsibility, cooperation, and consideration for one another.

For most of the youngsters, this was their first opportunity to experience a natural environment, to see forest animals such as deer and squirrels, and, through resident camping, to develop resourcefulness, self-reliance, and adaptability in the out-of-doors.

Dramatic improvements were noted in many of the campers. For example, some of the children learned to feed and dress themselves, and improved their table manners. An eight-year-old boy learned to lace and tie his shoes; a teenager learned to launder her clothes. A severely retarded girl in a wheelchair had several new experiences—her first shower, her first time to sleep in the out-of-doors, and her first experience at flag-raising. A very hyperactive teenage boy became quite calm and rational after several days at camp. One retarded epileptic young adult had fewer seizures than ever before. Many of the campers learned to spend time away from their parents without being overly homesick. All campers gained a great deal of knowledge and understanding of nature and developed many skills for living in the out-of-doors, and had a good time in the process.

Camp Kilowana is operated by Recreation Center for the Handicapped, San Francisco, California, Janet Pomeroy, founder and director. The acting resident camp director is Kristin Ives, and the permanent camp director, Betty Smith.

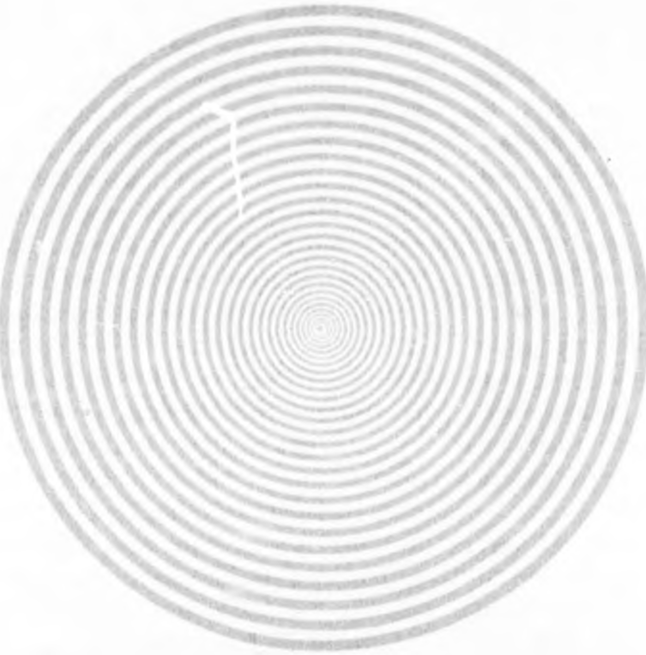
SPINDRIFT

Most important, all the campers had fun. For many of the children, it was their first opportunity to enjoy a natural environment and, through day camping, to develop resourcefulness, self-reliance, and adaptability in the out-of-doors. Some learned for the first time to relate to one another, to make friends, or to take turns. The very disturbed mentally retarded improved a great deal in their social behavior. Some who were previously withdrawn, destructive, or extremely hyperactive became aware of their surroundings and responded with interest and enthusiasm. Through group activities, these children learned camp skills such as cooking, nature crafts, and fire-building; some learned to lead songs and participated in the flag-raising ceremonies. Several of the severely mentally retarded children, who are not accepted in any school, learned self-help skills—to feed themselves, become toilet trained, move about more freely by themselves, and communicate with other children and the camp staff. Specific improvements in these children included a bedfast child of four years who learned to sit up; a mongol child who learned to drink out of a cup; another child who learned to eat with a spoon; a mentally retarded child in a wheelchair who learned to read a few words; and a mongol child, who had previously sat and rocked, who started to walk and enjoyed hiking.

A great deal of physical progress was noted in a number of the children. They enjoyed climbing trees, running on the beach, swimming, and playing games in the meadow. The staff felt that the many diversified activities such as exploring an old, abandoned fort, fishing and boating at a nearby lake, and many visits to the zoo, Storyland, and the Animal Farm were memorable experiences which heightened the campers' interest and contributed greatly to their learning progress.

Camp Spindrift is under the auspices of Recreation Center for the Handicapped, San Francisco. The day-camp director is Susan Krahl. The assistant director is Virginia Seibert.

Grouping



SEPARATE or INTEGRATED?

Current practice is almost evenly divided between integration and separation of the mentally retarded for physical education. David K. Brace has reported data from more than 1500 individual schools involved in a national survey and reports that 39.9 percent of boys and 38.8 percent of girls are taught physical education in classes separate from those of normal pupils. The corresponding percentages representing instruction in classes with normals were 42.7 percent for boys and 41.0 percent for girls. There are rather convincing arguments supporting both approaches, but neither enjoys, as far as the literature is concerned, a definite consensus of opinion. Thus, for educational planners the question remains unanswered and, therefore, open to debate and discussion.* Challenge *presents the experiences and opinions of teachers from an elementary school and a junior high school on this important and pressing question.

Arguments in Favor of Regular Classes

1. Socially adjusted EMR children benefit from play experiences with normal children.
2. Separate physical education classes tend to hold back those EMR children who are capable of excelling in motor skills.
3. Integrated classes provide the nonretarded with an opportunity to develop compassion rather than sympathy for the less fortunate.
4. In many instances, teaching new activities and games to EMR children is easier when normal children are present.
5. Integrated physical education classes often serve as an avenue for furthering the retardate's adjustment to school—and subsequently to society.
6. Physical education activities are equalizers and vehicles for social interaction.

Arguments in Favor of Separate Classes

1. When placed in regular classes, socially maladjusted EMR students and those lacking in physical proficiency often experience adverse behavioral effects.
2. The time requirement for planning, conducting, and evaluating an integrated program of sufficient flexibility to meet the needs of EMR pupils is excessive if not unrealistic.
3. Many EMR children have not developed a repertory of play activities involving fundamental motor skills.
4. The complexities of team strategy and the emphasis upon excellence and winning in sports preclude the successful participation of retarded children.
5. Few physical education specialists are trained to teach groups of retarded children.
6. When grouped by mental age, EMR children are often the object of ridicule and disparagement.

INTEGRATING SPECIAL EDUCATION STUDENTS

Marion Lowks
Westerville Junior High School
Westerville, Ohio

Eight boys from the special education class of Westerville, Ohio, Junior High School are scheduled with the nonretarded in the regular physical education program. Three of the retarded boys have been placed in separate physical education classes while five of them are in a single class with twenty-nine nonretarded students.

The special students are expected to put on a uniform, participate, and shower with their nonretarded classmates. At first these boys made no attempt to dress for class or to participate in the various activities. Eventually six of the boys started changing clothes and participating, although they were somewhat withdrawn and had little or no confidence in themselves or their ability. The other two—an obese boy with little coordination and a fifteen-year-old, small and frail for his age—simply would not dress and consequently became discipline problems during the physical education period.

Extra attention was given these two boys and special efforts made to encourage them to put on a uniform. Finally they tried and discovered with much pride and satisfaction that they not only could dress themselves but that they could work a combination lock as well. One boy still has his shirt sleeves buttoned for him, but otherwise he dresses himself, showers, and even ties his own shoe strings. Also, the boys can now perform these tasks in the regular time allotted and need no extra time. This has surprised their mothers, the school psychiatrist, and the special education classroom teacher. The two boys are quite pleased over their accomplishments and take pride in being ready to return to their classrooms even before some of the normal students.

All the retarded boys have lockers where they can be observed by the physical education instructor from his office desk. The nonretarded students help the retarded in the locker room and in the various activities conducted in the gymnasium or on the play field. Thus the normal students, who delight in lending their assistance, gain an understanding and appreciation of the problems of retardation.

The slightest success thrills the retarded boys more than comparable progress pleases the regular student. A successful volleyball serve or volley back over the net is a great achievement; they are proud and often surprised at their own accomplishments. Seven of the boys can keep a volleyball game score, calling it aloud and giving the serving team's score first.

Neither fellow students nor instructor criticize the ability or performance of the retardates but, instead, look for opportunities to encourage and praise them. The regular students have not complained or made remarks to the special students even if a point has been lost because of poor play. They appear to realize that the retardates need understanding and that the instructor is looking to them for assistance.

SEPARATE CLASSES: YES! INTEGRATEDCLASSES:YES!

Anthony T. DaPonte
Gladstone Street School
Cranston, Rhode Island

During the fall of 1966 a partially integrated physical education program was conducted for classes of exceptional children in the Gladstone Street School, Cranston, Rhode Island. A class of educable mentally retarded children—five girls and three boys, CA 11-12—was combined with a class of ten youngsters, same CA range, who were neurologically impaired. The latter were generally more excitable than the mentally retarded but had no outstanding behavior difficulties or problems.

The physical education schedule included a weekly Friday period, conducted by the itinerant physical education specialist, and periods on Monday and Wednesday, directed by the classroom teachers. In the Monday and Wednesday classes the exceptional children were taught as a single unit. The Friday period was held jointly with two classes of normal fourth grade boys and girls. Integrated physical education sessions were organized so that separate groups of boys and girls participated as units; each of four squads consisted of both exceptional and normal children. The fall program featured soccer events.

Observations were made of physical and social characteristics during both integrated and separate class sessions, and comparisons were drawn between the two organizational patterns. Little evidence of real social interaction between the children in the two groups was revealed. Whenever free choice of activity was permitted both exceptional and normal children chose their own friends, so that the youngsters from the special classes still congregated among themselves. A few of them who were outstanding performers were recognized as such by their fourth grade companions; only one boy with extremely poor coordination was noticed as different in his performance by the normal children. During the Friday periods the exceptional children did learn to share and wait their turn, since the numbers were greater.

The integrated sessions affected progress in developing physical skills since

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Editor's Note

The above listings of arguments for separate and regular classes are summarized from an article entitled "Physical Education and the EMR: Separate or Regular Classes" by the late Roy Pangle and Paula Welch of George Peabody College for Teachers, Nashville, Tennessee, which will appear in the October 1967 issue of The Physical Educator. *Printed by permission of C. O. Jackson, editor.*

the exceptional youngsters were limited in the extent of their participation and restricted in the type of activity. During the separate sessions the smaller class size permitted youngsters to be more active, instead of having to stand around and wait for a turn. In the separate class a variety of activities more suited to the specific needs of the exceptional children was scheduled. Some exceptional children do not have opportunities to play in their neighborhood and to develop basic skills, so that their primary needs are to engage in activities in which they can succeed and have fun while developing a sound motor base.

Since integration in physical education has limitations as well as advantages, consideration must be given to the ability and needs of *each* individual youngster. The exceptional children who have the ability to play with friends in their neighborhood should benefit from an integrated program. But those without ability nor opportunities to play at home and with their peers need to participate safely and successfully in activities that give him enjoyment. For this group the separate class appears to offer the best course of action.

EXPERIMENT IN GROUPING THE EDUCABLE MENTALLY RETARDED FOR PHYSICAL EDUCATION INSTRUCTION

TONY DUPONTE, GLADSTONE STREET SCHOOL, CRANSTON, RHODE ISLAND

Educable mentally retarded youngsters from two intermediate classes in our elementary school met together for physical education for a period of four years. In order to compare the problems and advantages of different types of grouping, an experimental program was initiated in 1964. Some of the children from the two classes were integrated in a physical education class consisting of an ungraded group and a sixth grade class. The rest of the children continued to meet in a separate class.

About 28 youngsters were enrolled in the separate EMR class, which was conducted at the Gladstone Street Elementary School in Cranston, Rhode Island from 1960 to 1964. Approximately half were between 10 and 12 years old, while the other half were between 12 and 14 years. IQ's ranged from 54 to 77 with overall ability levels varying widely. Some youngsters had multiple problems which affected their social behavior; a few had speech impediments. One boy was limited in physical education because of cerebral palsy; a group of hyperactive children did not adjust well because of lack of emotional control.

During the four years the mentally retarded children met in their own homogeneous physical education class the boys met with one teacher and the girls were instructed by another teacher. Every other week a physical education specialist supervised the program.

Each period began with general exercise involving all of the youngsters, after which they worked on a particular physical skill. This was followed by a game period of adapted soccer, basketball, or baseball.

Grouping the classes together presented problems which adversely affected the program. The socially maladjusted were more excitable when they met together. While the hyperactive youngsters were being separated, the others were inactive. The inability of some children to meet the standards of their peers resulted in frustrations which promoted aggressiveness or withdrawal. The more capable became impatient with the situation.

In September 1964 a new organizational plan, aimed at minimizing the problems of the previous plan, was introduced for physical education. The retarded were divided into two groups, the "rockets" who were physically and socially more capable, and the "jets" who were maladjusted and required more supervision. The rockets were integrated into a physical education class consisting of pupils from a sixth grade and an ungraded class; boys met with the sixth grade teacher while the girls met with the teacher of the ungraded group. The jet group continued to meet in a separate class. This program was supervised by one of the teachers of the mentally retarded. The physical education specialist continued to conduct the program every other week.

Problems of a different nature presented themselves under this new pattern. A few of the jets felt rejected because they were not in the integrated group, although the majority were satisfied with the grouping. Some, although socially and emotionally stable, were unable to integrate. One rocket was slow in learning game skills and his peers showed some impatience. The boy let out his frustration by aggressive behavior both on and off the playing field. A few youngsters fell into a borderline group which had difficulty adjusting.

Generally, the new pattern was an improvement, since it placed the retarded in groups of more similar abilities. The rockets gained socially as well as physically through the integration experience with the nonretarded children.

Results of experiences with this type of organization included the following: (1) The positive effects of the influence of normal children, rather than the aggressive tendencies of larger numbers of hyperactive youngsters, led to improved standards and patterns of behavior and adjustment, which in turn led to greater progress and development of physical and motor skills. (2) Great cooperation among all personnel dealing with the retarded—teachers, administrators, and supervisors—was needed to provide sufficient flexibility in programming so that each discipline and each individual could make a particular contribution to the total development of the retarded child. (3) The nonretarded children developed greater understanding and appreciation of the needs and problems of the mentally retarded.

ROCHELLE MYERS
Teacher Director
Development Center for Handicapped Minors
San Francisco, California

The best possible ways of grouping participants for activities must be considered as soon as a significant number congregate. Groupings can be based on mental age, chronological age, IQ, interest, ability, religion, or according to sex. Handicapped children, teens, and adults can be grouped by condition — mentally retarded, physically handicapped, emotionally disturbed, and neurologically handicapped.

There has been grouping of the handicapped in a recreation program conducted at the Recreation Center for the Handicapped in San Francisco, California. This Center, known nationally for its unique program, has nearly 500 persons with various handicapping conditions, ranging in chronological age from two to 80, who participate regularly. Grouping is a major consideration of the Center staff and, as in all programs, the primary concern is that participants obtain maximum benefits from the program. There are many factors to consider in grouping— Is it best for all mentally retarded to be in one group? Should all physically handicapped be grouped together? Is it best to have small groups for the emotionally disturbed? When should a participant be moved from a children's to a teen's prc gram, or a teen to an adult program

These questions can be answere only if we are willing to turn to frame of reference different from on we may have too often accepted. Th participant cannot be considered a isolated object, who, according to medical report marked "cerebra palsy," must then be placed in group with others similarly afflicted Three things must be considered (1) the participant as an individua human being, *regardless of his hand cap;* (2) the other participants in group; and (3) the leader in charg of the group. It is proposed here tha a new concept in grouping be adopte and called *compatibility grouping* Assume that a child ten years ol mentally is accepted into a children' program in which four leaders ar responsible for 60 children. Man different handicapping conditions ar found among the children: post-polic TB, meningitis, Down's Syndrome brain tumor, cerebral palsy, menta retardation, blindness, deafness, an the multiple handicapped. Childre are both ambulatory and nonambu latory; some have little speech to n speech; some are hyperactive, other withdrawn. They are, in effect, melting pot. They should not b

COMPATIBILIT

grouped by degree of retardation or physical involvement, and should not be grouped haphazardly! They should instead be grouped according to their compatibility with each other, and compatibility with the leader in charge.

While this appears to be an alarmingly simple concept—so simple, in fact, that it needs no mention—in numerous programs for handicapped, consternation concerning grouping continues to emerge as a major question, not only from teachers-to-be but from professionals long active in the field!

A step-by-step procedure to implement compatibility grouping includes the following points:

1. Put the child in a group on an arbitrary basis when he first enters the program.
2. Observe the child in a fairly casual manner, noting his sense of well-being in the group, his participation, and play activities with other children.
3. Become aware of the leader's feeling about the child by observing his daily contact with the child and by conferring with the leader's supervisors.
4. Watch the child for indications of readiness to be moved to another group. (If he is in Group A, has found a buddy in Group B, and seems to take more of a shine to the Group B leader, chances are he may be more compatible in that group; such a change can easily be made.)
5. Watch especially for the child's natural attraction to another leader, the leader's interest in the child, and the child forming friendships with children in another group.

In the long run, we can help the child more when we accept the fact that children do have strong, natural likes and dislikes. What profit is there for a child who is grouped with children he doesn't especially respond to, and a leader who is trying to hide her feelings of dislike for him, when he may find other children he does enjoy and a leader who adores him?

Group leaders, teachers, and even volunteers have a very hard time acknowledging two things regarding handicapped children—that they actually dislike a particular child, and that they secretly have a preferred child, one for whom they care above all others. Partiality is generally frowned upon by professionals, and leaders are taught that everyone must be treated alike. The truth is that no two people interact in exactly the same way and therefore cannot and should not be treated alike, for this benefits no one.

If we are relaxed about how we feel, certain facts may emerge which will surprise us all. Upon questioning staff closely, it has been repeatedly found that while Leader Mary loved Tommy, Leader Paul had strong feelings against Tommy, and loved Jimmy. Jimmy, meanwhile, was obnoxious to Leader Fred, who adored Debbie. And so it goes. As adults pick and choose companions in their social life, so should children. Yes, even mentally retarded children should be encouraged to socialize with whomever they choose.

There are several reasons why compatibility grouping may not work for some leaders, and these rest mostly within the area of human frailty. Since we are so accustomed to assigning children to a specific place and making these irrevocable assignments, less flexible personalities may not be able to accept a child into a group on a temporary basis, in which the leader essentially says, "Come in for awhile and see how you like it. If you like another leader better, or other children more, that's all right; you will be placed in a different group."

Y GROUPING

Compatibility extends itself to one of the questions originally asked: "When should a participant be moved from a children's to a teen's program, or a teen to an adult program?" Astute observation by the leader and communication with the participant is necessary. While age and physical development might be considered, these factors alone should not be the determinant for making a change. Try the child or teen in the next chronological group and watch for the reactions previously described. One quiet, severely retarded girl of 18 fit in beautifully with three- and four-year-old children; it would have been a mistake to place her in a teen group, where she would not have been compatible.

Consider the common practice of separating physically handicapped and mentally retarded. A great deal is being missed if such separation is permanently adopted. Mentally retarded adults, grouped compatibly with physically handicapped, push their wheelchairs, help to feed them, assist and encourage the nonretarded participants to greater involvement in a wide range of activities. Severely retarded little ones of seven or eight who are ambulatory love to assume responsibility for their peers confined to wheelchairs and often will not let anyone else push the wheelchair of the child for whom they feel responsible.

Separation according to age groups often overlooks some important factors. At the Recreation Center, some very beautiful and touching relationships developed between children ages four and five and adults in their 60's and 70's. For one bedridden, severely handicapped adult, it was a time of pure joy when a fresh-faced youngster came to kiss her and bring her flowers brought back from a nature hike. If this association had been forbidden because of grouping, it would have been a two-way deprivation.

Emotionally disturbed children observed at the Recreation Center often function extremely well in large, noisy groups. The exact role and implication of small, quiet groups based upon a one-to-one instructor-participant ratio, a procedure enjoying great popularity, apparently needs much additional study.

Simplicity of action often leads to wisdom; and so it is in grouping on the basis of compatibility. In one fell swoop, the children are content, the staff tender and loving, and the administration problem-free. Sound too simple? Try it!

On-Going

SOCIAL ENRICHMENT PROGRAM THROUGH INTRAMURALS

HENRY DONATELL, AAHPER PROJECT DIRECTOR
WALWORTH COUNTY SPECIAL SCHOOL, ELKHORN, WISCONSIN

Recreation and social discipline are the core of an intramural program initiated this past school year at Walworth County Special School, Elkhorn, Wisconsin. Its emphasis has been to expose the mentally retarded student to various activities and experiences that have carry-over value, so that he can become proficient in leisure activities. In many cases students come from home environments that fail to recognize the need for worthwhile recreation and social interaction. The sizable number of culturally deprived children in our school population motivated us to supplement the physical education curriculum with a program including activities and experiences to stimulate and encourage wise use of leisure time.

The intramural program is scheduled for two and a half hours every Friday. This period coincides with the student's regular physical education class but extends beyond the usual 48-minute length. It has been necessary to provide transportation to off-campus facilities needed for some of the activities (e.g., bowling at the public bowling alley and roller skating, air riflery, archery, and lobby games at a neighboring YMCA). The school provides the transportation and the County Association for Retarded Children provides the funds for bowling.

The staff members with teaching assignments during this block of time are assigned to instruct and supervise the activities. The enthusiasm shown by the entire staff has been a great asset to the program, and it has given them an opportunity to observe the students in situations outside the classroom.

The program offers activities that are in season, and the students are allowed to select the activity in which to participate. However, certain activities, like bowling, roller skating, lobby games, and recreational games, are required of all students during the course of the year. The following have been offered:

Fall—*boys:* flag football; *girls:* soccer and speedball.

Winter I (six weeks)—*co-ed:* bowling, social dancing, arts and crafts, dramatics; *boys:* basketball and home arts; *girls:* industrial arts.

Winter II (five weeks) *co-ed:* roller skating, archery, air rifle, and lobby games.

Winter III—*co-ed:* recreational games (volleyball, badminton, shuffleboard, box hockey, ping pong), arts and crafts, dramatics, social dancing.

Spring: *co-ed and by sex:* softball, track and field.

Tournaments have been conducted in some of the activities with prizes awarded to first place winners. These tournaments have been the culminating events for the various activities as the thrill of competing became *reality* for the mentally retarded boys and girls.

The value of this program is shown by the success story of the retardate, who demonstrates his skill to participate in a wide variety of leisure activities when given the opportunity and encouragement.

Earle Perkins, Kenyon Special Education Center, Providence, Rhode Island

A 4-PART PROGRAM FOR THE HANDICAPPED

A physical education program at the Kenyon Special Education Center in Providence, Rhode Island, serves all physically able pupils. This four-segment program has been designed to meet specific needs of students with various handicapping conditions, thereby promoting better physical development, coordination, and stamina.

The physical education segment follows basic guidelines of the regular curriculum established by the Department of Physical Education, Providence Public Schools. Children assigned to this portion of the program have no physical limitations or restrictions and may participate in a variety of vigorous activities, including tumbling, stunt and apparatus activities, dual and single games, exercises and calisthentics, rhythm games, combative and competitive games, outdoor activities, relays, and other appropriate and unrestricted activities which meet their needs, interests, and abilities.

The recreational activities section is designed for children with physical or mental problems which prohibit participation in the more vigorous physical education segment. Activities are modified to meet physical need and to satisfy the competitive urges of each child. Rhythm activities, quiet games, low organized activities, and lead-up games are included as part of the curriculum.

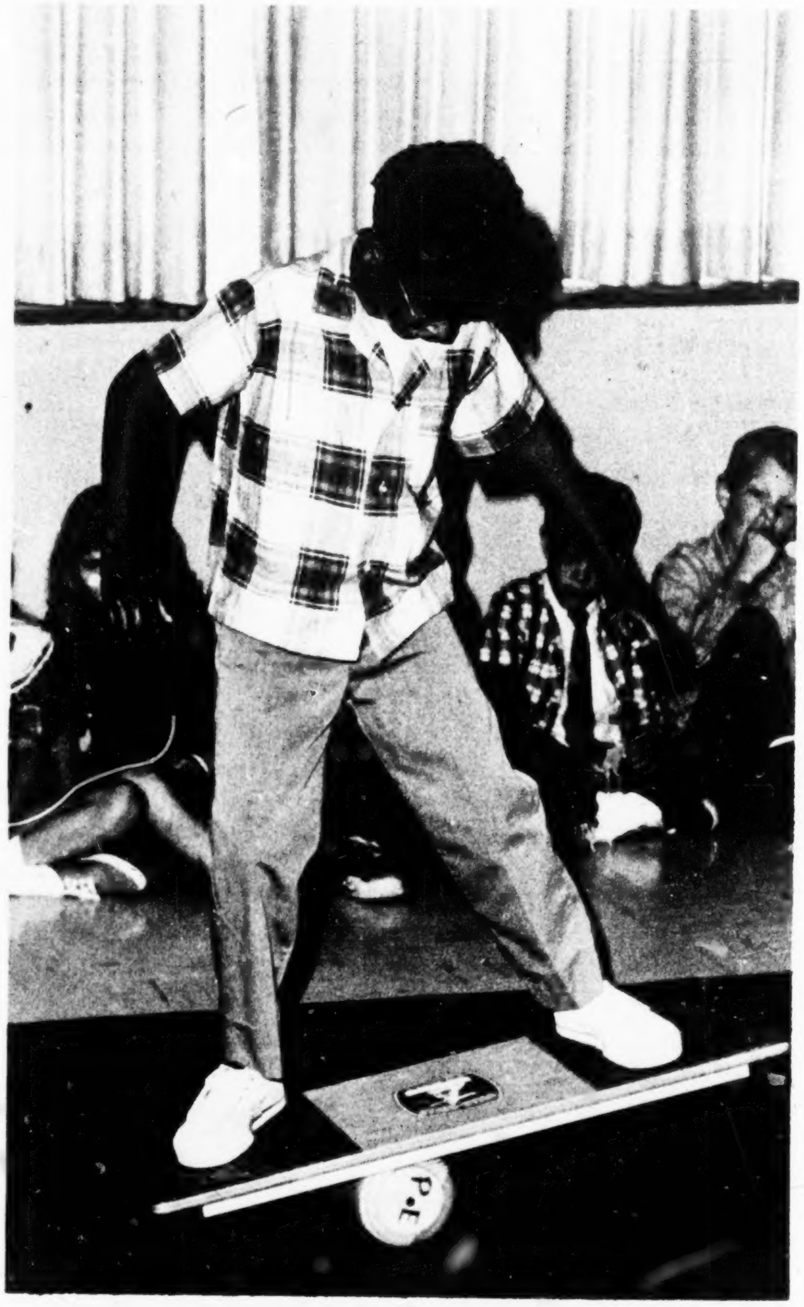
Sedentary activities are offered for children who cannot successfully participate in the physical education or recreation segments. Checkers, chess, nok-hockey, pool, and similar games not involving gross motor activity are included.

All students participate in the fourth section of the program–swimming activities. Those children capable of taking part in swimming programs outlined by the American Red Cross are given instructional swimming on the beginning, advanced beginning, or intermediate level. Each student is allowed to progress at his own rate and at his own level of skill. Those meeting recognized standards receive Red Cross cards certifying their level of skill and proficiency. Those who do not reach any formal level are given cards for participation and for recognition of their progress.

The recreational swimming program offers pupils a chance to interact socially and offers opportunities for them to practice skills and to develop confidence in the water. Water games, stunts, and related aquatic activities are included.

Therapeutic swimming is designed to help improve coordination, strength, and muscular development, and to help the children attain greater functional use of arms, trunk, and legs.

Through the four segments of the program all pupils at the Center are given a sense of belonging because everyone may participate regardless of physical or mental ability. In which segment of the program a child is placed depends on an assessment of his physical ability, consultation with the school nurse, information obtained from the child's permanent record, parental permission, and when necessary, permission of a physician. Individual progress is continually evaluated so that needs may be met more effectively and efficiently through active participation in appropriate activities. The more pupils serviced during the course of a year, the greater their opportunities to increase in physical growth, social achievement, and emotional stability.



Although few public school programs have not included educating preschool children, there is a considerable amount of work being carried on by private nursery schools, child development institutes, Head Start programs, and other agencies. These programs generally include a regularly scheduled physical education program of supervised free play with balls, playground equipment, tricycles, wagons, blocks, and other pieces of equipment designed to arouse the curiosity of children and to provide them with opportunities to exercise. These programs should go a step further and provide a regular program of physical education that will give the children a balanced activity program. This will help the child when he enters a public school program.

The Pine School Section of the University of Iowa Hospital School is a day school (preschool through elementary) for 95 educable mentally retarded, culturally deprived, and slow learning children (CA 3.5 to 14) from the Iowa City Community School District. The preschool-kindergarten physical education program for children 3.5 to 6 years of age is not a formal program but an instructional one that gives the preschool child moderate guidance in his physical, mental, and social development. This instructional program compliments standard preschool programs.

Basically, the preschool child is an inexperienced individual who cannot as yet control his muscles, behave according to certain standards, catch or throw a ball skillfully, or even play skillfully. The preschool child is in a total world of investigation by trial and error, learning by experience, and constantly looking for guidance from adults so he can learn and please others. This youngster can be kind, cruel, quiet, or noisy during the early learning years but, at the same time, is appreciative of the physical education teacher.

PINE SCHOOL'

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From an adult's standpoint there are certain characteristics one must acquire in order to provide the proper setting for contact with preschool children participating in a regularly scheduled physical education program. First, the adult must be a good conversationalist on the child's level. This does not mean talking down to the child; vocabulary adjustment and talking on the level of the child are quite different from talking down to a child. In addition, the adult must be one who can be playful, understanding, consistent, firm, fair, take part in simple play activities that preschool children enjoy, and also accomplish what he sets out to do. In other words, adults need to relearn how to be young.

The aims of the preschool-kindergarten physical education program for educable mentally retarded children at the University Hospital School are to develop proper work habits, establish individual and group discipline, increase experiences, teach children to follow directions, pay attention, develop personal and group safety practices, care for equipment, and learn to play in groups. As the children mature and advance to higher grade or functional levels more complex physical skills and techniques are stressed.

For children to develop their muscles and attitudes properly, they should have opportunities to walk, run, jump, hop, throw, catch, kick, hang, climb, push, pull, chase, strike, lift, carry, balance, hide-search, participate in rhythm activities, compete, take part in dramatics, and at times to have leadership opportunities. Major activity classifications in which the children participate include:

Mimetics – imitation of animals, objects, or familiar actions, and activities suggested by classroom teachers.

Games of low organization – participation in following, chasing, fleeing, and similar activities. Since many of these children do not understand standard games, traditional activities are often used to create situations and approaches related to basic skills – to the preschool child, this is play.

Relay races – including obstacle-course relays around, over, and under furniture, bean bag activities, and locomotor movements. Standard relays are used to create situations related to basic skills.

Fundamental skills – implementation of situations involving catching, throwing, kicking, jumping, climbing, running, forming circles (straight lines, staggered lines), and other basic movements.

Gymnastics – instruction in activities such as forward rolls, backward rolls, log rolls, human ball, and trampoline activities.

Social play – use of tricycles, balls, gymnasium apparatus and furniture, bean bags, gym scooters, and other devices so children can learn to share and develop other social competencies. Generally, social play has been semisupervised so that teachers might participate and observe the group.

Physical fitness – including activities such as sit-ups, push-ups, running, and body movements.

Evaluation of the children is used to check program results and to investigate their maturity levels. Progress and development of each individual in throwing, catching, balancing, walking, jumping, hopping, and step-walking are assessed through specific tests. In addition, heights and weights are recorded four times per year and teacher observation is used to check interest, coordination, behavior, attention span, posture, walking patterns, and readiness for more complex activities or situations.

Verbal reports from classroom teachers have indicated that the daily physical education program has contributed a great deal toward improving classroom organization and attentiveness on the part of the children. Also noted have been general improvement and maturity in the children's physical skills and great progress in their behavior, attentiveness during instructional periods, social play with other children, friendliness with staff members, and in their enthusiasm to take part in the physical education program.

PRESCHOOL PROGRAM

Orrin Marx
Supervisor, Physical Education Department
University Hospital School
University of Iowa
Iowa City, Iowa

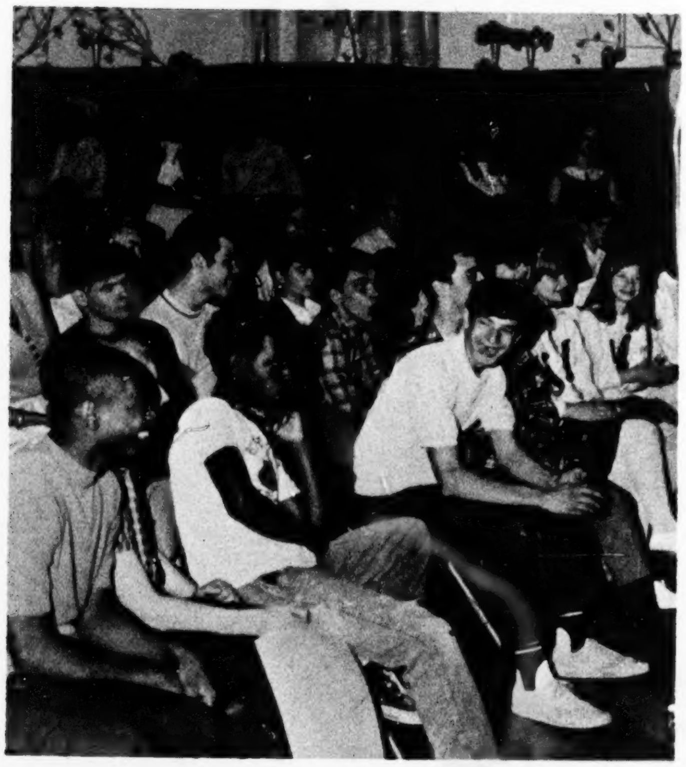
Preparations begin in February when Apple Blossom fever hits Keystone Training and Rehabilitation Residence, Scranton, Pennsylvania. Everyone is very occupied in making decorations, trying on and borrowing evening gowns, and practicing for various skits and physical education demonstrations. Invitations are sent to all parents and friends, and the community is invited.

The celebration always takes place the first weekend in May. This year's festivities began on Saturday with a banquet for all, followed by the big prom from eight to midnight. Escorts called for their dates, with everyone wearing a beautiful white carnation. TV cameras and photographers were on hand as the band ushered in each couple to the tune of "Keystone's Apple Blossom Time."

The Sunday schedule was a busy one for the Keystone city and Pocono units. The Pocono unit concentrates on programs for trainable children and adults, and the city unit on educable retardates. The Apple Blossom Festival affords both an opportunity to show off the year's accomplishments. They presented skits, songs, and physical education reviews. Performances ranged from a preschool rhythm band to a complicated jazz session presented by some of the teenagers. Even the girls' sewing class took a bow, with its own fashion show. The skits and reviews provided an afternoon of fun.

There is plenty of open space at the 83-acre Pocono unit (also the site of summer camp for city unit residents) to

Keystone's *Apple Blossom Time*



allow for a complete physical education review on the grounds. The city unit traveled to Memorial stadium, a high school sports area which they use in competition on a regular basis, for their physical education presentation. This gave them a chance to exhibit track and field ability, as well as their accomplishments in the Kennedy Champs program.

Later in the day, all of the guests joined the staff for a tea and cookie social hour, at which time parents could tour the school with their children as guides, look over their child's classwork, and chat with staff and other parents.

Keystone's main unit is the city residence, where 120 children and adults reside. "In the center of things" is the Keystone philosophy, and the program concentrates on the theory that the children should be a part of life. Youngsters in the residence belong to the YMCA, YWCA, Boys' Club, and participate in many community activities. Older residents are trained to shop, communicate with people, and travel alone. Some are employed outside of the residence.

Now in its fifth year, the Keystone Apple Blossom Festival has truly become a tradition. Each year in a prominent location in front of the residence, the wood shop places a large sign which is lighted at night and reads, WELCOME TO KEYSTONE APPLE BLOSSOM FESTIVAL.

For the people of Scranton, the Keystone Apple Blossom Festival has come to replace the robin redbreast as a harbinger of spring.

Your Invitation
to
Apple Blossom Festival and Fifth Anniversary
Keystone Training and Rehabilitation Residence

406 North Washington Ave.
Scranton, Pennsylvania
Pocono Mountain Unit
RD #1, Gouldsboro, Pennsylvania

Date: *Saturday, May 3, and Sunday, May 4, 1969*

Saturday, 4 P.M.—Banquet for residents, parents, and friends

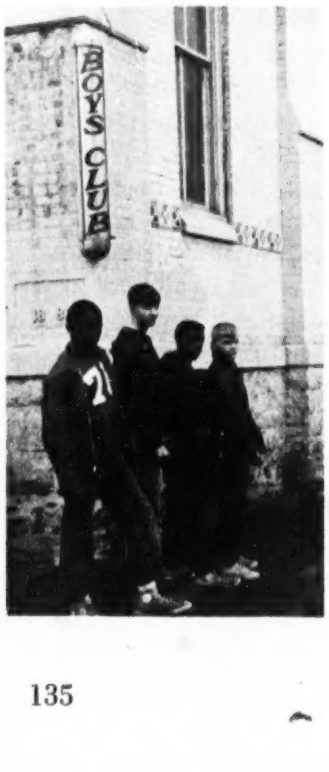
8 P.M.—Apple Blossom Prom

Sunday, 2 P.M.—Skits by Children's Groups and Physical Education Spectacular

4 P.M.—Parents Tea

Please Join Us for Our Annual Celebration.

We Look Forward to Seeing You!



Residential Facilities

FUN . . . THE SELINSGROVE WAY!

Nancy A. Heath, Assistant Director, Activities Department, Selinsgrove State School and Hospital, Selinsgrove, Pennsylvania

The needs of the 2,100 residents at the Selinsgrove State School and Hospital (Pennsylvania) demand a diversified, well-rounded recreational program from which the tiny tot to the golden-ager may profit and in which both the severely retarded and the educable may benefit. Three contrasting, warm-weather activities which afford pleasurable hours to many of our residents are overnight camp outs, a wading pool, and a newly purchased trackless train, referred to as the "Go-Mobile."

Camp "Broken Arrow" is high on a hilltop between the mighty oak and graceful pine. A hub of activity during the summer months for the young-in-years and young-in-heart alike, this bivouac area has meant much to many, in many different ways. To the nature lover, it's the thrill of the out of doors; to the Boy or Girl Scout, it's participation in the scouting program; to some, it's summer vacation; while to others, it's the wonder and awe of sleeping in a tent for the very first time and eating food cooked over an open fire. To all, it's fun!

The wading pool offers the ideal spot of pleasure to the "small fry." However, more meaningful and of lasting value is the significance of learning to follow directions, the practice of pool safety habits, and the social interaction which is prevalent and so very much needed by the institutionalized retardate.

To those who are afflicted with multiple impairments and thus limited in activities participation, a train ride is a source of joy and delight, made evident by smiling faces, laughing voices, and clapping hands. These are the people whose needs are so great, and who ask for so very little . . . a smiling face, a gentle voice . . . and, yes, if they can speak, a train ride.

THREE T's WITH VARIETY

David Rosen, Superintendent
Woodbridge State School, Woodbridge, New Jersey

Woodbridge State School, a residential facility for 1,000 male and female patients, provides a unique, comprehensive program for all residents regardless of the severity of their handicap. This ambitious program is undertaken in 18 cottages, each of which contains a therapy-school room. Some 95 percent of the residents are severely and profoundly retarded; 50 percent are nonambulatory.

At Woodbridge a certified teacher is assigned to each cottage. (Many teachers assigned to the nonambulatory cottages are *physical education majors.*) Guided by interdisciplinary reports, she has to evaluate each of the approximately 50 residents in the cottage in order to structure the program to meet their individual needs. Each teacher is assisted by an aide who has received special training. In addition, both teachers and aides have completed an intensive, month-long formal training program at a nearby physical habilitation center. Periodic training periods and workshops, besides supervised on-the-job training, have been planned to increase the sophistication of teachers and aides.

Activities in the nonambulatory cottages are under the direction of a supervisor of instruction who has available the services of the consulting staff psychiatrist and a physical therapist. Physical habilitation and rehabilitation prescriptions and records of consultations following individual evaluation, are forwarded directly to the teacher by the psychiatrist. As the program progresses, prosthetic devices will be purchased as required. Orthopedic surgery is also planned for those children who can benefit from the procedure, and correction achieved through surgery will be followed by physical rehabilitation activities to complete the habilitation of the residents.

The schedule for the residents in the nonambulatory cottages includes physical habilitation and rehabilitation, occupational therapy and all other aspects of training related to activities of daily living, such as speech training, sense training, self-help, social relationships, and academic training, where its value is indicated.

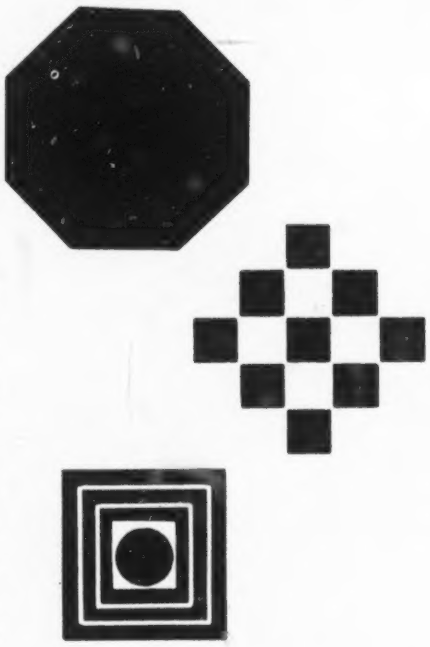
In the ambulatory cottages under the direction of a supervisor of instruction, different techniques which stimulate the resident's mind and body, are utilized by the teacher and the attendant. During formal instruction in the cottage classroom, the aide gives ancillary training to those children not scheduled for classroom activities at that time. Each aide has received considerable training in order to assist the teacher in setting up a daily comprehensive agenda, including self-help, sense training, arts and crafts, music, sports, games, field trips, and supervised social activities on a group and individual basis.

The program in the nonambulatory and ambulatory cottages will fulfill its goal when the teacher completes the second phase of the schedule, during which each attendant assigned to the cottage will contribute to "the three T's (treatment, training and therapy) program" on a normal workday. All attendants must realize their role as an essential contributor to the growth and development of each resident. To develop this relationship, attendants are encouraged to participate in many of the residents' recreation and education activities conducted in facilities outside the cottage. These additional programs for the cottages comprise a daily list of activities at one of the five major playgrounds, in the multi-purpose building, or in the Activities Center. All activities are geared for the severely and profoundly retarded and consist of one hour of active games, one hour of passive games, and one hour of arts and crafts. Residents with more interest and ability are assigned to advanced arts and crafts and music groups which supplement the regular recreation schedule.

Large numbers of residents have been tested and evaluated for speech competence by the speech and hearing teacher. Individual therapy for a large percentage is given by the specialized teacher and is augmented by planned speech instruction and training provided by classroom teachers, aides, recreation assistants, and cottage personnel.

The school's classification committee, composed of representatives of the Psychology Department, Medical Department, Education Department, Cottage Life Department, and Social Service Department, meets regularly in each of the cottages to evaluate the residents' progress. The teacher and the cottage supervisor attend these meetings, contributing to the proceedings and profiting by them. Recommendations following this assessment are implemented by the appropriate departments.

Eating at an octagon . . .
Playing with square checkers . . .
and other shapeful suggestions



Dialogue is much more than a method of communication; it is communication itself. Dialogue is the action in which one becomes aware of others and makes oneself available to others; it is basic to all human relationships. And it is most difficult for many handicapped individuals. In society today, where it is a continual struggle for anyone to communicate effectively with those about him, the blind and deaf especially suffer many frustrations from an inability to communicate.

Traditionally, camp dining rooms have not been designed for dialogue. Tables have been the banquet type, usually long and narrow with a counselor at each end and five or more campers on each side. This is a real barrier to dialogue for the child who is deaf and must read lips. To this child, visual contact with the person talking is imperative. He has been unable to see who is talking on his side of the table without leaning forward around the person next to him or by looking around in back. Since the table becomes a barrier he cannot overcome, he sinks back into his quiet manner, not caring to participate. Dialogue, which moves from one participant to another, is next to impossible at a banquet table because if a deaf child misses a sentence or two before he discovers who is talking, he probably also misses more before he can pick up key words from persons who have carried on the discussion at another part of the table. Eating is not a happy experience but drudgery to be completed quickly.

Washington State University's Camp Easter Seal has solved this problem. It has a dining room which has been designed for dialogue and has dramatically improved eating experiences for deaf children. An eight-sided table 66-inches across is the simple answer.

ROGER C. LARSON
Physical Therapist and
Professor, Department of Physical
Education, Washington State
University, Pullman, Washington

The octagon table has many advantages for children with various handicapping conditions. Each child has a 30-inch area of his own; a camper's elbows do not get in the way of another person at the table. Blind children have a tendency to spread out but with corners they know when they are spreading their arms too far and can then

DESIGNED FOR DIALOGUE

Eating at an octagon . . . and other shapeful suggestions

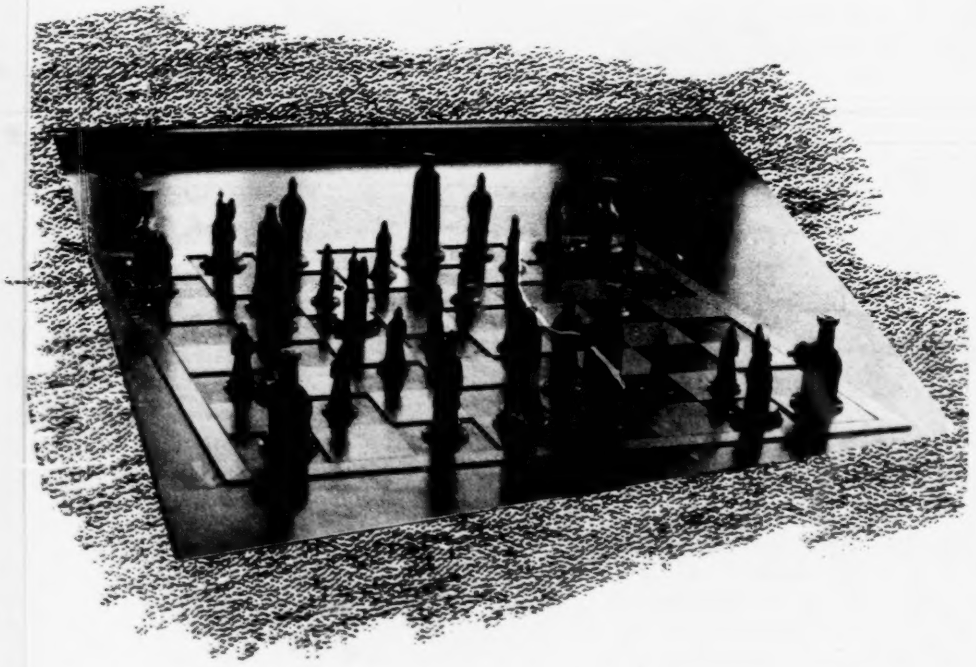
make an effort to sit more erect. Children in wheelchairs and walkers find that the tables are more convenient as they do not have to fight two legs. Campers can easily remove light fiberglass chairs and roll wheelchairs and walkers into place.

Color also plays a part in the total dining room design. Tops of tables are made of light grey formica; counselors' chairs match in color. These chairs are used to designate head and foot of the table since camp table service follows the family plan. Campers' chairs are green, blue, and salmon. The eight-sided table means that no child is more than two places away from help; counselors can more easily help all children directly.

Since wheelchairs and walkers are not the same height, table height is adjustable. Experience has taught us that correct table and chair height and adequate space for wheelchairs help make children happier — and they eat better with less effort and less waste.

The chair height is also an advantage for the blind child. The campers' 16-inch chair slides under the table while the counselors' 18-inch chair does not. This allows a blind child to select the position where he would like to sit. By having a 16-inch chair instead of an 18-inch one, children with unsteady hands are two inches closer to the table; they do not drop as much food and leave a cleaner dining room.

The camp director has designed his own game table for the handicapped. The 38-inch by 41½-inch table has the same adjustable legs as the dining room table. A solid oak lip around the table prevents checkers and chess men from falling on the floor. The space between the checker board and rim provides space for children to lean. Each table has recessed squares which prevent checkers from being disturbed by children who might fall against the table or by a blind child who is playing the game. Other adaptations are circles and squares for checkers. Kings are not stacked but are constructed of double thickness to prevent blind players from dislodging them. Some boards have a ¼-inch hole drilled in the center of the square and a ¼-inch peg is inserted into the bottom of the chessmen. These innovations have greatly improved these table games for the handicapped and continue to make Camp Easter Seal a camp of *firsts.*



TREE HOUSE NEARS COMPLETION

Henry Donatell, Walworth County Special School
Elkhorn, Wisconsin

The nearly completed tree house being constructed on the Walworth County Special School campus, Elkhorn, Wisconsin, has been the topic of much conversation and the cause of many telephone calls from interested citizens. The house —complete with cedar shingles—was designed and is being constructed by the school's industrial arts classes under the direction of instructor Donald Voss. The poles were donated by the Long Distance Telephone Company of Elkhorn.

The staff at Walworth has long recognized the need for an improvised piece of equipment, to serve as a teaching station in order to meet certain specific needs of the children. Many of the children at the Special School have pronounced coordination problems along with spatial and locomotor deficiencies, which make it difficult for them to walk up and down steps and ramps. The steps in the building proper offered no real challenge to these students. How much more fun to walk the steps and ramps of a tree house!

The tree house, complete with steps, ramps, tunnels, and climbing ropes, should help the children develop locomotor generalizations and movement patterns which encourage them to explore spatial configurations and relationships with total body involvement. This approach to locomotor development calls on a wide variety of movement patterns for moving from place to place in different situations and settings.

Recreation

1st of 11 REGIONAL CENTERS FOR CONNECTICUT'S RETARDED

Seaside

JOAN RAMM, DIRECTOR OF THE COMMUNITY RECREATION PROGRAM, SEASIDE REGIONAL CENTER AT WATERFORD

Seaside Regional Center in Waterford is the first of eleven regional centers planned for the mentally retarded in Connecticut. It serves not only the 240 children and adults who are in residence there, but also the retarded persons living in New London and Middlesex counties. Seaside Center's objective is to keep retarded children and adults out of residential facilities, and to do this it provides services which are usually found in institutions.

For example, Seaside sponsors four centrally-located day care centers for preschool children. One of the purposes of the Center is to relieve the mother of the care and management of the child for as many hours as if the child were in school. A second purpose is to prepare the child for entrance into public school special classes.

Moderately retarded adults, who are out of school, work in sheltered workshops run by Seaside. Workshop clients earn their way according to how much they produce. Educable adults find jobs with the help of Seaside's Vocational Rehabilitation Department.

However, preschool, school, and work programs are not enough. Most of the problems of the retarded in the community occur not on the job, not in school, but during their leisure hours.

Children living in institutions usually have a well-rounded recreation program to fill their free time. They have organized recreation activities including arts and crafts, sports and games, music, parties, and dances. Facilities such as playgrounds and pools are often available.

On the other hand, the retarded child living at home has little recreation opportunity. He may make friends with the children in his special class at school, but unlike the normal children who can play with their school chums in the neighborhood after school hours, retarded children are transported from their homes in different parts of town and have few friends in their own neighborhoods. A similar situation exists with mentally retarded adults who work in a centrally-located sheltered workshop or who do not work at all.

These people are victims of enforced leisure. They have a six to eight hour time block each weekday and more on weekends or holidays during which little or no activity is available to them. Many just sit and watch television; others get restless and/or irritable.

The purpose of the community recreation program at Seaside is to help the cities and towns in New London and Middlesex counties provide recreation for the retarded who live at home. Seaside provides transportation, equipment, and supplies, if necessary, and a trained staff to lead activities. Community agencies provide facilities and do much of the organizational work involved. In starting programs the object is to involve individuals and agencies in the community as much as possible, with the hope that the Seaside Regional Center can eventually withdraw support and the community will carry on the program.

Since September 1965, recreation programs for the retarded have been organized in four of the towns surrounding Seaside: Norwich, New London, Groton, and Waterford. Retarded children who live in small towns attend programs in the population center nearest their home.

In Norwich, swimming, games and exercises, and bowling programs are available. Rental of the YMCA pool was made possible through the generosity of the Norwich Elks Club. The YMCA provides two lifeguards, and a volunteer, who is a certified water safety instructor, is also available to supervise and give instruction. Another volunteer provides transportation for those who need it.

For the games and exercise program, the Norwich Recreation Department provides the gymnasium and equipment and helps pay the custodians' fees as well. Seaside provides the leadership for the programs. Participants travel by bus from the sheltered workshop where they work to the gymnasium. Parents provide transportation home.

About 40 children are enrolled in the bowling program in Norwich. The bowling alley provides transportation from school to the alleys. Each child pays 50c which is matched with 55c from the Elks Club to make up the total cost for the three strings. Shoes and instructions are provided by the bowling alley. Seaside Center and the Norwich Recreation Department provide leadership and transportation home if parents are unable to call for their child.

In Groton also, bowling is offered. The arrangements are similar to those in Norwich, except that the child pays the entire fee and the bowling alley provides transportation to and from the activity. Any child who is unable to pay is allowed by the management of the bowling alley to bowl free of charge. The inability to pay is determined by the child's school teacher, who is familiar with the background of the child.

Some of the retarded children in New London attend a swimming program one day a week after school. Transportation is provided by the schools in their buses. Rental costs for the YMCA pool are being paid by the Regional Center.

A ceramics class is held in Waterford for junior and senior high school aged retardates from New London and Waterford. A volunteer teaches the class and supplies are furnished by the Waterford Recreation Department. Seaside furnishes transportation.

Another program for retardates in the community will begin soon. A Seaside staff member, experienced in group work, is organizing recreation programs for young adults who have left the Center and are "on job placement" in the community. These young people will form a general interest club of Seaside alumni.

AN EXPANDED RECREATION PROGRAM FOR MENTALLY RETARDED CHILDREN

George T. Wilson, Assistant Director
Division of Municipal Recreation and Adult Education
Milwaukee, Wisconsin

The Milwaukee Division of Municipal Recreation and Adult Education has expanded its program to offer recreational opportunities for the mentally retarded on a year-round basis. The Recreation Division had previously offered programs during the spring, fall, and winter seasons. However, no regular activity had been conducted in the summer because funds were not available, although summer day camp programs were operative in the community. The Recreation Division and community groups believed that expanded summer opportunities, particularly playground activities, special events, and field trips, were needed.

The new program was implemented by sponsoring activities at the Pleasant View School and playground in the afternoons. The school was used as a summer school for the retarded in the mornings only. Most of the activities utilized the facilities of the school building and the playground, but community-wide resources were used for special trips. The summer program included playground games, gymnasium activities, calisthenics and marching, arts and crafts, rhythm bands, music appreciation, swimming, and field trips.

Enrolled were trainable and educable retardates with an age range of 6 to 17. Activities were open to children enrolled in public, parochial, and private schools, and to those who attended no school. Funds, staff, and facility limitations required that the first summer enrollment be approximately 50 children. Enrollees came from all areas of the city on a first come, first served basis, and bus transportation was provided only for those whose parents could not bring them. The summer program was conducted five days a week from noon to 4:00 p.m. for a period of eight weeks. Children brought lunch and ate together with the staff at the noon hour.

Program evaluation was accomplished by utilizing the psychological services staff of the Milwaukee Public Schools. A patron, parent, and staff evaluation form was developed and administered by the psychological services staff, who also prepared a final report. The program was implemented by a qualified member of the central office together with field staff who had special training in working with retardates. The field staffs were made up of special education teachers, college students, and recreation aides in the Neighborhood Youth Corps program.

This successful program addition by the Division of Municipal Recreation and Adult Education of the Milwaukee Public Schools was made possible through Elementary and Secondary Education Act funds. The Division of Municipal Recreation and Adult Education is directed by C. H. Emigh, assistant superintendent of schools. George T. Wilson, a member of the AAHPER Task Force on Programs for the Mentally Retarded, administered the program. Besides its other activities for the mentally retarded, the Division now offers recreation for some 105 retarded from 6 to 20 years of age.

Lynn Brackey
Assistant Supervisor
Duval County Recreation Department
Jacksonville, Florida

HOW OUR FLOWERS GROW

The Duval County (Florida) Recreation Department scored a first when it conducted a charm school for trainable mentally retarded girls at Pine Castle School in Jacksonville. We wanted to provide a beneficial learning experience for the girls and motivate them to act as charming as they seemed eager to appear. The high interest level of the girls in relation to today's fashions and popular trends was a prime consideration in selecting topics and in organizing the course content.

The girls were taught posture and carriage; hair, skin, and nail care; manners and etiquette; clothing coordination; and were given activities to promote better physical fitness. An incentive awards chart was an important part of the program and was used to stimulate interest and participation. Letters and questionnaires were sent to parents to acquaint them with the program, win their support, and encourage them to reinforce our efforts in the home. Periodic evaluations were essential to the success of the project and will enable us to plan more comprehensively for future charm schools.

The most effective means of instruction involved demonstrations of activities closely followed by having the girls participate. By using sequential steps, all topics were covered and reviewed weekly. Surprisingly, little was forgotten and gradually our students began to display signs of self-confidence and social awareness.

"Hold your tummy in!" "Sit up straight!" "Not so loud!" all became familiar exchanges, and soon the girls were reminding each other to observe the new rules. Cleanliness was a word used over and over again to emphasize the importance of shiny hair, sparkling skin, and scrubbed nails.

An ice-water tea afforded an opportunity for the girls to practice the table manners we had discussed. Not one mistake was noted as each girl served another!

The charm school offered invaluable experience for each girl and the scope of their accomplishment was wide. For instance, when telephone procedures were taught, we were amazed that so few of the girls knew how to call for help in case of an emergency. Two full sessions were spent on this particular subject and only a week later, one of the girls was able to make practical use of this knowledge, when a neighbor's home caught on fire!

Social security increased considerably, and, perhaps for the first time in their lives, many of these girls felt real pride in themselves. The practical experience gained in behavior and appearance was an important step toward the goal of successful integration of the mentally retarded with normal children. This exposure and the *fun* element contributed to the success of the charm school.

The seeds of experience had been planted and when we beheld the blossoms, it was obvious that our *girls* were now lovely and very charming *young ladies.*

A CITY THAT CARES . . . AND PROVIDES RECREATION FOR THE RETARDED

LINDA GROSS, CONSULTANT FOR PHYSICAL EDUCATION AND RECREATION
OPPORTUNITY CENTER SCHOOL, BIRMINGHAM, ALABAMA

A unique recreation program was conducted in Birmingham, Alabama, this past summer—unique because a successful effort was made to interest and involve the entire community in a program for the mentally retarded that could serve as an example for the whole state. Part of a total state plan to encourage the establishment of community recreation programs for the retarded throughout Alabama, this successful summer program and the interest that has been generated make the future appear very bright for retarded children in Alabama. But this has not always been the case.

Since summer 1958 one of the few recreation programs in the state has been conducted on the grounds of the Opportunity Center School in Birmingham. This program was not well supported until 1966, when the school was awarded a Joseph P. Kennedy Jr. Foundation summer grant. Evaluation of the program indicated a need for greater community involvement in providing recreation for the retarded. To obtain more specific information a state survey of existing programs and needs was conducted under the auspices of the Recreation Subcommittee of the Alabama Planning Project for Mental Retardation. All units of Aid for Retarded Children in Alabama were involved in the survey, which showed that very little recreation programing for the mentally retarded existed in the state—almost none supported or financed by persons or agencies other than parents.

The need was evident: more interest had to be stimulated. Arrangements were made through the program director of the Homewood Park Board in Birmingham to allow two groups of retarded children (CA 8-14) to participate in a recreation program in the park while a similar program for normal children was being conducted in the area. Under the direction of their own leaders, a group of twelve trainable children and another of twelve educable children took part in a well-rounded recreation program consisting of swimming, arts and crafts, dramatics, singing, and nature activities. When the normal children participated in special events or went on field trips, the retarded youngsters were included. An attempt was also made to integrate some of the educable children in activities in which they could participate successfully with the normal children.

This program—an extension of the Opportunity Center School summer recreation program—was also financed by the Kennedy Foundation grant. Red Cross certified volunteers, assisted by teenage volunteers, taught swimming at a local club which permitted the use of its pool free of charge. The volunteers, screened by the local Volunteer Bureau, had a full-day orientation with the regular staff. They were given information about the characteristics of the mentally retarded, shown demonstrations and slides of activities appropriate for these children, and told what their responsibilities were to be.

Since transportation was a major problem, it received special attention. Several modes of transportation were used. The Opportunity Center School provided two buses for children living far away and charged only a small fee. Children living closer were driven by their parents, and one educable boy rode a public transit bus.

In July a week was spent camping out at Hargis Retreat near Birmingham. A local church sponsored the event so that the cost of meals was the only expense to the children. Seven days of overnight camping in this beautiful natural setting was an unforgettable experience for them.

Another part of the state plan involved the formation of an advisory board to promote and coordinate recreation programing for the mentally retarded. The two major roles of this board have been to educate the public about the vital need of recreation for the mentally retarded and to see that programs for them are planned and implemented in the community. Almost every private recreation agency and community park board in Birmingham are represented on this board, along with persons and agencies directly concerned with the retarded. Action of this group has resulted in an offer by a Birmingham City Park Board representative (not the one sponsoring the summer program) of three of its community centers for use by the mentally retarded at specific times; leadership may also be provided. The Homewood Park Board conducting the summer program has offered facilities and leadership for programs at specified times on Saturdays during the school year.

As a result of a board meeting a workshop for supervisory community recreation personnel, especially those involved in program planning, was held. Sessions dealt with methods of planning and included demonstrations of appropriate recreational activities. Sponsored by the University of Alabama Medical Center for Developmental and Learning Disorders as part of its in-service program, the two-day workshop was attended by all recreation representatives on the advisory board, as well as by persons from park boards in the Birmingham area.

Much emphasis has been placed upon public relations. The program has had newspaper coverage, been discussed on a radio interview, and been publicized at parent education meetings and the State Aid for Retarded Children Association meeting. For three days during the course of the summer parents and visitors could observe the children in action, see some of the handicraft articles they had made, and witness what these programs meant to them.

The ultimate goal in Birmingham is to have a year-round comprehensive recreation program for *all* mentally retarded children and adults. We are optimistic that our plan for community action will continue successfully and that the involvement of the many interested individuals and agencies predicts a very bright future indeed for the mentally retarded in Birmingham.

Since adjustment in the community, the goal of the entire special education program, is highly dependent upon social adjustment, the recreation and physical fitness aspects of the training for the mentally retarded are of crucial importance. In the control situation of the physical education class, many of the aspects of our competitive society can be replicated and the significant variables manipulated to develop the attitudes and skills necessary for getting along in the community.

—SISTER M. SHIELA, O.S.F.

RECREATION CLASSES LEAD TO IMPROVED PHYSICAL ABILITIES

Donald M. Kupfer, Activities Supervisor, Park and Recreation Department, Colorado Springs, Colorado

The Colorado Springs Park and Recreation Department, in cooperation with its local school district, has been providing physical education for special education classes of educable mentally retarded children since 1962. These classes, held twice a week during the school year, were originally begun to permit these children to have fun through recreation since the school district had no provision for regular physical education classes for them. However, we soon found that the physical and socializing results were helping in the education process.

We used a battery of tests to assess progress. At first, testing was a long and tedious process, requiring trained personnel for evaluation. We have since reduced the tests to a simple group of activities which can be administered by anyone and scored objectively. The tests meet our needs in determining progress. The battery consists of adaptations of items included in N. C. Kephart's book *The Slow Learner in the Classroom* (Columbus, Ohio: Charles F. Merrill Books, Inc., 1960): stepping stones (pp. 137-39), jumping tests (pp. 126-29), and balancing activities (pp. 217-19), plus two tests involving the use of basketballs and tennis balls to measure ability to handle balls of different sizes. Warm-up calisthenics begin each session, followed by such activities as basket shooting, kick-ball, soccer, folk dances accompanied by singing, relay races of various types, and softball. Badminton and volleyball are also quite popular activities.

Tests showed that the summer vacation periods when no classes were available resulted in regression in abilities. To prevent this situation a special six-week summer playground program has been planned during 1966. Many of the children from our special education classes are expected to attend, and it is hoped that the additional progress will be reflected in the tests administered at the beginning of the next school year.

Originally some teachers and principals questioned the value of time spent away from the academic program in the classroom. Now, however, at one school the older children have been integrated into the regular physical education program, and all principals are enthusiastically supporting the recreation classes. The funds to begin operations were originally supplied by Half-Way House, Inc.; this group gave support for four years. The school district, recognizing the values of the program, has now budgeted for the expenses, although our department still provides the class leadership and planning. Half-Way House continues to provide funds for bowling programs for physically and mentally handicapped children and for a recreation program for mentally retarded children held every other Saturday.

Scouting

SCOUTING FOR THE MENTALLY RETARDED

Scouting is for all boys. It is not a program aimed primarily to teach boys to become expert in camping, cooking, and handcraft skills. It makes use of the natural interests of boys to attain its real objectives: character building, citizenship training, and physical fitness. It gives the handicapped boy a sense of belonging and of accomplishment; it provides him an opportunity to associate with other boys.

The Boy Scouts of America has adapted its program for the mentally retarded boy. For a number of years it has been a national policy to waive the upper-age requirement for boys who are known to be mentally retarded in each of the three programs—Cub Scouting, Boy Scouting, and Exploring. Most schools and agencies working with retarded boys group them by their mental age and use the program according to the needs and abilities of the boys involved.

The Boy Scouts stand ready to assist in the organization of units to serve handicapped boys. For further information contact the local Boy Scout Service Center in your area or write to the School Relationships Service, Boy Scouts of America, New Brunswick, New Jersey.

A pamphlet, *Scouting for the Mentally Retarded,* is now in rough draft form and is being given a limited field trial. It sets forth the philosophy and some of the basic policies of the Boy Scouts as they apply to the entire field of handicapped youth and presents practical adaptations for bringing the program to mentally retarded youth. Further information about this and reprints of various articles dealing with Scouting and the retarded can be obtained from Mart P. Bushnell, Assistant Director, Health and Safety Service, Boy Scout National Headquarters, New Brunswick, New Jersey.

Scouting is for all girls. A project to integrate mentally and physically disabled girls into social activities enjoyed by other youth was initiated by a Chicago social worker and her staff. Various schools, institutions, and Chicago Girl Scout troops were chosen to help in the development of the program. One of the locations chosen was St. Mary of Providence School, a day and residential school for mentally retarded girls which sponsors four scout troops. One of these is for day students and three include some of the residential girls.

One troop of residents consists of twelve girls (CA 11-15) who eagerly strive to follow closely the established program of scouting. Program activities include badge work, arts and crafts, folk dancing, bowling, games, songs and music, and various field trips. Activities are planned by the troop and in conjunction with neighboring troops. The leader's role is to help the girls make realistic choices that are meaningful to them. In some instances, badge requirements are adapted according to individual need without losing the basic intent and purpose of the requirement. If the girls are unable to perform a specific requirement, the leader must decide how it is to be fulfilled. Often it can be completed through small group efforts. For example, a thank you letter can be completed by the combined efforts of several girls, one doing the actual writing while using the ideas of the group. Among the badges successfully completed by mentally retarded scouts are Good Grooming, Hostess, First Aid, Campcraft, and Hiker.

Activities planned with other troops are of great value and among the most enjoyable in the total program. Roller skating, caroling, service projects, games, dancing, songs and music activities, cookouts, and bowling all help the mentally retarded scouts learn about the world around them. As the girls become more self-confident and proficient in basic skills, a host of additional activity possibilities are opened up to them. Hiking and cookouts with other troops are activities that the leaders at St. Mary's hope one day soon will lead to overnight camping.

Other mentally retarded girls in Chicago are experiencing scouting in various regular troops throughout the city. Whether together or in neighboring troops, all are enjoying social experience with others in recreation through scouting.

Working With the Handicapped gives many ideas for adapting badges and conducting other activities for the mentally retarded scout. These adaptations are designed to meet the unique needs, limitations, and abilities of the retarded, but do not alter the basic intent and purpose of the program. It is available from Girl Scouts of the United States, 830 Third Avenue, New York, New York.

Jeanette M. Kosier
Avoca East Elementary School
Wilmette, Illinois

Severely Retarded

IT TAKES TIME!

Orpha L. Gullickson, Special Education Teacher, Independent District 599, Fertile Public School, Fertile, Minnesota

Editor's Note: *The following two excerpts from case histories of severely retarded youngsters show what can be done when the teacher applies the philosophy that these children are individuals of dignity and can be helped and provides the opportunity and the motivation in the child.*

David was a multiply handicapped boy who was spastic and slightly crippled in both hands and in his left leg. He walked with a wobble and ran with one foot turned in so that frequently he would stumble and crash to the ground. His breathing was irregular, his speech garbled and dragging. He did not have the force to blow up a balloon nor to blow out a candle. He could not skip, crawl, or jump. His big asset was a cheery disposition and a big smile. David's IQ was around fifty.

I worked with David three hours each afternoon, on writing, physical therapy, and speech correction. We also included games, stories, filmstrips, and "recess" inviting all the children on the playground who wanted to play with us. After a few weeks, David could not only place his feet together and jump (though heavily) over a rope, but he could swing a jump rope and jump three times consecutively. This gave me hope for additional development and progress which was realized when David entered the special class for retarded children the next year.

George was a large blond boy who wore thick glasses, had an anxious frown on his brow and a quizzical squint that pulled at the corner of his mouth, was overweight and nervous, and could sit at his desk but a moment before running. He had to go to the "bat-rum" every fifteen minutes. Testing showed that he suffered from general brain damage. He stumped forcefully around the room and the halls and would then complain of leg ache.

There were eleven children in George's class. We put a trampoline in a corner and all spotted as one by one we "walked" across the bed.

Daily I lifted George up on the trampoline, but he screamed when it vibrated, and was lifted down. He loved to watch the other children having fun jumping and each day would say, "I'm going to jump too." This continued for four months.

Finally he crawled across the tramp. After nine months, he was able to jump and stop himself. His mother came to me at this point and said, "George could not control himself before he learned to jump on the trampoline. He would promise to do something, faithfully, and then go and do the opposite. He would cry with disappointment over his failure. Now it seems he can control what he wants to do."

Another six months and George could do a seat drop. This year he has dared to do a roll on the tramp. He was very stiff in his back and neck, and I would not have encouraged this stunt except that he voluntarily executed an awkward back-roll, thus showing that he did not have a severe muscle-bind in the neck and spine.

George's behavior has progressed from that of a two-year-old, when I had to hold his hand outside of the room, to that of a frisky twelve-year-old. And I must add, George has mentioned having a leg ache only two times in the past three years.

I could also mention the hyperactive child who can concentrate on patterns of activity on the trampoline, or the new little girl who looks scared to death and jumps like a ton of lead—but just loves it, or the three boys who do flips.

All of the children in my class are benefiting from use of the trampoline. Other activities include floor-games (dribble, pass and shoot, five dribble laps, etc.) with each boy using a basketball and each girl having a rubber ball. Rhythm exercises done to primary records are included in our daily program. The children also have a half-hour daily physical education period with their nonretarded peers.

WORK-REATION

Janet Pomeroy
Founder and Director,
Recreation Center for
the Handicapped
San Francisco, Calif.

HOW IT STARTED

Work-Reation is a program developed at the Recreation Center for the Handicapped during the past three years to fulfill a need for work training experiences for the retarded and, simultaneously, to permit them to participate in the recreational activities offered at the Center. This combination of work and recreation experiences offers a well-balanced program for many moderately and mildly retarded persons who have a limited choice of resources in the community.

The idea for this program was gradually developed by the staff, who recognized that many of the severely retarded were capable of working as aides and helpers in various phases of the program but also needed continuous group experiences in recreational activities. Even those with a relatively short attention span, after working at a specific job for several hours still showed interest in participating in the recreation activities conducted. This observation was a clue on how the retarded could be employed as helpers and aides in the Center's over-all program and fulfill some of their leisure time needs as well. Thus the Work-Reation program was initiated.

HOW IT WORKS

During the past three years, nine mentally retarded persons have been employed in the Work-Reation program: six women, ages 18 to 26, and three men, ages 23 to 37. They have worked as aides and helpers in recreation, transportation, housekeeping, and in the office. The tremendous benefits derived by them have far exceeded the predictions of the staff, as illustrated by the following three examples of individual progress:

LOUISE WASHINGTON, moderately retarded, is twenty years old. She attended a school for the trainable retarded in San Francisco and graduated shortly after her eighteenth birthday. Louise was shy, sensitive, and lost much of her confidence during her growing up years, when other children in the neighborhood threw stones at her on her way home from school and during play periods. She was not only retarded but had the additional handicap of obesity and a racial problem that is faced by many Negroes. Her mother, deserted by her father and left to rear many children on a mere subsistence level, was critical and aggressive in her behavior to Louise. Mrs. Washington called the Recreation Center for the Handicapped to "help get Louise off her hands." A week later Louise was enrolled as a volunteer in the children's program three days a week. She helped by feeding, toileting, and cuddling fifty multiple handicapped and mentally retarded children not accepted in any school. After six months of volunteer service, it became apparent to staff and other volunteers that Louise's service was outstanding, and she was recommended to be placed on the staff in the Work-Reation program. Louise's title was "program helper," and her duties remained of a custodial nature while in the program. When the children were cared for and did not require her services, she was free to participate in recreational activities of her choice, and soon became very absorbed and quite skillful in art work. What began as small hesitant drawings copied from comic books turned into large, colorful, mural-like depictions of a variety of subjects having to do with recreation and children. Louise remained at the Center for two years. She made friends, lost weight, took more interest in her grooming, and lost much of her shyness. She knew she was needed; she had an opportunity to experience independence and pride in a job well done for which she received a pay check. Several months ago, Louise decided to further her education. She enrolled in classes conducted by the Adult Education Division, which are held during the day. While it was necessary for her to leave the Center, she visits frequently and is very happy in her continued school experiences.

TONY EVANS, twenty-three years of age, is retarded and physically handicapped as a result of cerebral palsy, with an emotional disturbance since childhood. Three years ago, he was referred to the Recreation Center for the Handicapped by Information and Referral Services of the San Francisco Coordinating Council on Mental Retardation. Previously he had been involved with nine different agencies which had tried to help him through vocational rehabilitation, psychiatric care, and a variety of school programs. On his first association with the Center, Tony's warm personality won him immediate friends. He quickly identified with the Center and the program director, who appeared to become his father image. He was given an opportunity to help as a volunteer in the program, which he ardently desired, although it was necessary to give him a great deal of supervision and guidance at the same time. After several months, Tony asked about the possibility of a paid job. The program director recommended that he be considered for Work-Reation employment, since he enjoyed and needed group participation in the recreation program as well. Tony has worked as a "program helper" with teens and adults in the recreation program. He assists the recreation leaders in conducting a wide variety of activities. He has worked as a program helper for the past two years, and now earns enough money to live away from home. He has participated in all of the orientation and in-service training programs with staff and volunteers, and as a result he has learned to lead many activities. In his own words he has "for the first time found happiness, belonging, and a feeling of personal worth."

JEAN POWERS, twenty-two years of age, is mentally retarded and suffers from body tremors. She attended a special class in a regular school, and after graduation stayed home with nothing to do. Jean comes from a family with a better than average income and lives in one of the more desirable residential neighborhoods in the city. During the first interview she was so fearful that her body tremors increased and she gave the over-all impression of an extremely unhappy girl. She started as a volunteer, and for more than one year of her service never arrived late and never missed a day. She developed an attachment to one of the most severely multiple handicapped children (a crib case youngster) and was able to care for his total needs on a weekend of primitive camping. Recently, an interested member in the Powers family called to tell us with great enthusiasm about the changes she has witnessed in Jean throughout the year. We were told that she smiles frequently, talks more easily about her work with the children, and feels that she now has a "place in the sun." When Louise Washington left, Jean was asked to replace her, to become a part of the staff and the Work-Reation program.

SPECIFIC JOBS OF THE WORK-REATION PROGRAM

The Work-Reation program for the retarded was so successful in the recreation program that jobs were created in other Center departments. Following is a description of current jobs being held by the retarded:

Custodial Care of Tiny Tots—Includes diapering, toileting, feeding, lifting, pushing wheelchairs, and giving general assistance when needed. Program helpers and aides also help with play activities.

Recreation Program Helper—Assists the recreation leaders in face-to-face leadership in a variety of indoor and outdoor activities for children, teens, and adults, i.e., music, storytelling, dance, games and sports, swimming, camping, boating, and other activities.

Transportation Aide—Rides the bus to assist the children who need special help in sitting up, in being strapped in safety harness, etc. Aides also help to quiet hyperactive and emotionally disturbed children while the bus is in motion.

Housekeeping Aide—Assists the housekeeper and cook in washing dishes, setting tables, cleaning cupboards, preparing and serving of food, and helps in general as needed.

Janitorial Aide—Assists the janitor in cleaning, sweeping, mopping, arranging of supplies and equipment as needed.

Office Aide—Assists in typing, telephoning, stapling, stamping, sorting and stuffing envelopes, mimeographing, addressographing, and in operating various other machines.

Library Aide—Assists with cataloguing, sorting books, checking books in and out, keeping magazines up to date, etc.

FUTURE PLANS FOR WORK-REATION

The Center hopes to use the Work-Reation program to prepare the retarded for possible employment in other programs in the community, such as aides in community recreation programs serving the retarded and handicapped in hospitals, special schools, or treatment centers. Such agencies might employ retarded persons trained in office skills, housekeeping, janitorial work, and custodial care of children. Parents with handicapped children have already assisted by employing some of the retarded and handicapped as baby sitters or as mother's helpers in the home.

As the Center's program expands, many more retarded persons are expected to find employment in the Work-Reation program.

SUMMARY

Work-Reation has provided opportunities for creative use of leisure time for retarded persons, who at the same time are offered challenging and meaningful work experiences. They have acquired a strong feeling of personal worth, dignity, and confidence in their jobs. They feel needed and are proud to belong to a group. Through participation in a wide variety of recreation activities, they have discovered new interests, developed skills and hobbies that may be carried over to leisure time at home and throughout the remaining years of their lives. Through training and participation, they have also learned good habits of health and fitness, which have encouraged them to improve their health and appearance and to learn proper manners and social conduct.

Work-Reation at the Recreation Center for the Handicapped has helped retarded persons become both better citizens and contributing members of the community.

DAY CARE PROGRAM PROVIDES ACTIVITY FOR SELF EXPRESSION

Mrs. Morris Pomeroy, Founder and Director, Recreation Center for the Handicapped, San Francisco, California

A day care program for severely physically handicapped and mentally retarded children not accepted at any school was initiated as a part of the program of the Recreation Center for the Handicapped in San Francisco, about two years ago. In October 1965, there were 47 children between 1 year 9 months and 14 years of age in the program. Included were the mentally retarded, mongoloids, brain injured, and neurologically handicapped. A total of 83 children had taken part in the program since its inception.

Major objectives of the program encompassed (1) providing opportunities for pleasant and satisfying contact with other children, (2) improving ability to communicate and to participate in an active program, (3) providing a variety of opportunities for investigation and continued application of learning experience, motivating each child so that he might discover his own latent abilities and potentialities, and (4) offering various means of self-expression through adaptive recreational activities, leading to the development of interests and hobbies that might be pursued during leisure time at home and throughout life.

The program is flexible and geared to the changing needs, desires, and abilities of the children. Activities are adapted so that each child is able to participate to his fullest capacity despite his physical or mental handicap. Some of the activities included in the program are arts and crafts of all types, singing and music, a variety of active and quiet games, sports, drama and puppetry, dancing, nature study, cooking, and outdoor education activities.

The benefits of this program to the children, to the parents, and to the community at large have been extraordinary and highly noteworthy. (1) Through active participation in the day care program children have shown definite improvements over former school tests that qualified them for acceptance in public and private schools. (2) Many children have been deprived of the normal fun and enjoyment associated with childhood. The program has given them the opportunity to be with other children. (3) Many of the children have found means of self-expression through the recreational activities. Some have realized the joy of achievement for the first time in their lives. (4) The relaxed atmosphere has provided mental stimulation for learning for some children who formerly felt pressured by highly structured programs. (5) A great deal of physical progress has been noted. For example, children have learned to pull themselves up in their play pens to standing positions, while others have actually learned to walk and manipulate on their own.

Documented comments and observations of staff, volunteers, and parents attest to the benefit of the program. These are aptly summed by the mother of a four-year-old cerebral palsied, deaf, and mentally retarded boy: "We have seen an improvement in S......., both physically and mentally. He is more alert and responsive, and while it is hard to communicate with him, I sense a certain excitement about him when the bus comes to pick him up to go to the Center."

An Experiment in Recreation with Profoundly Retarded

HARRIET R. SISTEK, Assistant Recreation Instructor, Newark State School, Newark, New York

Need of an organized and effective recreation program for profoundly retarded became obvious to the recreation staff at Newark State School (New York) during the fall of 1966. Concern grew for increasing numbers of profoundly retarded children who remained unresponsive despite broad ward dayroom recreation classes. Departmental meetings became times for discussion and deliberation as questions arose over how to obtain responses from these children. Could our program ever reach them?

A ward of young boys was typical. Superficially, their playroom had an air of activity—one group of boys listening to recorded music; another group sitting about a table, coloring, putting puzzles together, looking at magazines; in another area, boys watching TV. Yet, some boys just sat in their chairs and were seemingly oblivious to their surroundings. Could these boys learn and want to participate? Would they respond to individual attention? Unanswered questions, our concern, and their need were the underlying factors for "An Experiment with Profoundly Retarded."

First, we had to find a suitable area to house the program. Fortunately, there was an unoccupied room on the basement level of the ward. It involved a short flight of stairs, included bathroom facilities, was well-lighted, and contained all of the needed basic equipment.

We decided to enroll the 12 most unresponsive boys on the ward, regardless of their age or ability to care for themselves. Chronological ages ranged from 10 to 18 years; mental ages were 7 months to 2 years; and IQ's ranged between 7 and 28. Most of the boys were unable to dress themselves, were constantly untidy, and had poor personal habits. Their individual histories revealed that they needed a great deal of supervision and nursing care. Attention spans were short and the boys walked about the ward heedless of their environment.

We hoped each boy would respond in some way to the recreation program and eventually have happier hours on his ward. A flexible format for classes was developed and appropriate juvenile equipment secured—records of different moods and tempos; wrist rhythm bells; brightly colored balls; soft, cuddly animals; and a variety of gaily colored educational and activity toys.

On the first day of class I was warmly received by ward personnel, who were genuinely interested in what we hoped to do with these boys, although they were skeptical of what could be accomplished. Each boy had been bathed, wore a bright-colored shirt, and had been seated in a special place to await my arrival. This daily procedure, including a fresh bath, colored shirt, and special place to sit, carried out by ward personnel, was a tremendous aid, since it prepared the boys for the recreation program and they learned to anticipate the classes.

A class schedule was arranged so that each boy participated *individually* for 20 minutes every day, giving me an opportunity to discover their individual needs, and to seek methods to obtain responses from them. This procedure was continued until boys with similar traits and capabilities could be paired for activities, so that class numbers increased by twos until all 12 boys attended as a group. During this change in class procedure, the boys reacted as very young children. They wanted my sole attention and affection and did not want to share our time with anyone else. Rebellion resulted and the boys had to be led in and retaught simple activities they had previously accomplished. This rebellion repeated itself each time a class increased in number. When the class reached its full size, the 12 boys attended together but did not participate on the same level; however, they were responding within a group. Their gradual response—sharing of affection and companionship—was for these boys a genuine measure of success.

A new class schedule was set up to give the group varied activities each day. A repetitious routine included marching and rhythm bells for ten minutes; a circle ball game, five minutes; educational toys, ten to 15 minutes; and free play, 15 to 20 minutes. Time was allotted at the end of class for the boys to assist in replacing toys and to share a song.

As the months passed, the room became a place of activity, a place where gradual changes could be observed in the boys' attitudes and behavior and in activities in which they became involved. Nine of the boys became capable of entering the classroom unassisted and finding their chairs in the circle. Leadership became evident; three boys competed through good behavior to be selected to help pass out rhythm equipment. Boys who marched about the circle urged hesitant or passive classmates to join in. Leaders, on their own initiative, would grab the hands of others who were unresponsive, and try to get them to clap. Four of the boys were able to lead a circle game by rolling the ball to their classmates or placing the ball in their classmates' hands.

Various sizes of cardboard boxes added hours of imaginative pleasure for the boys. Boxes were piled high to build towers and made excellent forts. When larger boxes were placed end to end with bottoms removed, they made exciting tunnels and wonderful places to hide.

After free-play time, the boys helped to replace the equipment and set the room in order. Again, they would find their seats and class would end with a song. Only one boy could really sing, but the other boys went through the motions and often a rumble of a hum could be heard.

Fifteen months after the experiment began, I again asked myself questions concerning the program and its results.

Only six of the original 12 boys remained; one boy had been enrolled in a school program and five had been transferred to other wards or institutions. The ward which housed these boys had become very progressive. Ward personnel worked closely with them and tried to incorporate as many as possible in the school program or in special intensive care programs. The six boys who remained showed various degrees of response in many different activities.

If someone were to ask if all boys accomplish and achieve when they play with educational toys, the answer has to be, "No." Did all boys respond? I'd have to ask, "Respond in what manner? With a smile? Happiness? Laughter? In these ways, yes!"

What are the failures of this experiment or, perhaps, *who* are they? I can't fairly evaluate this question. Those who kept close contact with the program might cite David. David is a young boy who still sits by the table. When the room is busy with activity and there are rhythm bells, a jack-in-the-box, and a cuddly toy close to him, he does not reach out to them. Yet, when music starts, David smiles, his eyes grow brighter, and he starts to rock.

I remember David months ago, when he entered this room, sat listlessly, and showed no response. Now, there is a David who smiles and shows an interest in music; who shows emotion and cries if he feels neglected. Now, David likes to feel my arms about him, but he never reaches out to return love. Loving a retarded child means giving and asking nothing in return. Perhaps only to me, David is not a failure.

This small experiment is a start—a minute step and humble beginning—toward reaching the profoundly retarded who have been neglected, relegated, and degradated for so long.

"If you can blow a horn, beat a drum, sing a song, read a book, march, act funny, smile warmly, or just extend the hand of friendship—there is a child who needs *you*—one you can help, one to whom you can give something. And, believe me, one who will give you something—a joyous self-satisfaction as you have never known."

Sue Jackson
Red Cross Volunteer

Reprinted from New Hampshire Council for Retarded Children *Councilletter*

Movement & the severely subnormal child

We wondered if we would ever get anywhere with a child like Brian.

SO WROTE A FIRST-TERM STUDENT OF MENTAL HEALTH AS HE EVALUATED HIS FIRST DAY'S ATTEMPTS TO ENTER THE VERY PRIVATE WORLD OF A SEVERELY SUBNORMAL LITTLE BOY. FIVE SESSIONS LATER...AN "UNREACHABLE, UNTEACHABLE" CHILD HAD BEEN REACHED AND TAUGHT.

This article, writes the author — VERONICA SHERBOURNE, 26 HANBURY ROAD, BRISTOL 8, ENGLAND — *presents notes which were written as part of student course work and were not intended for publication. They have been used because they give a factual and perceptive account of the reactions and responses of both child and students as recorded during the six sessions of a special training program. That so much was accomplished in such a short time offers much hope to those interested and involved in these programs. It is exciting to see that movement experiences and individuals who do care can make dramatic breakthroughs possible.*

The use of movement in the education of severely subnormal children is comparatively new and unexplored. So far, research in this field is limited, and there is little literature available. But for students in the National Association for Mental Health course in Bristol (England), movement plays an important part in their training.

First term students have opportunities to observe and work with a class of severely subnormal children. The students first have six weeks of preparation in movement education. They see the film *In Touch* (reviewed in *Challenge*, March 1969), which shows students experiencing different kinds of movement as a means of communicating with children and as a means of developing self-awareness through improving body awareness. The film shows students applying this experience in a one to one relationship with severely subnormal children, who obviously benefit from working with adults in this way.

After this introduction, a class of severely subnormal children (CA 6 to 10 years; MA 1½ to 3 years) from a hospital residential school comes to work with the students. The children are mentally handicapped, and also emotionally disturbed and much more deprived than mentally handicapped children who live at home and attend Junior Training Centres. Although many of the students had worked as trainee teachers in Junior Training Centres, movement education and work with individual children were completely new. It was also an utterly new experience for the children.

The children come six times for hourly sessions; the task of each student is to create a relationship with a child partner and, within the overall pattern of the class, to try to develop the child's self-confidence and self-awareness.

Two students, Michael and Diane, worked with Brian, an autistic boy of nine, with a mental age of about two. Brian is small for his age, thin, with stick-like limbs. He is dark haired and has a lively expression combined with an air of dissociation. Like other autistic children, he avoids human contact, has a number of obsessional movements, and lives in a world of his own. Although Brian seems to understand what is said to him, his speech is limited to a few isolated words. He is excitable and expresses himself in squeals and shouts.

Michael, who has worked for a year as a trainee teacher in a Junior Training Centre, begins by describing Diane's work with Brian.

FIRST SESSION — Our main problem was how to communicate with Brian to encourage him to join in any form of movement. During the first session Diane was patient, but she could not help Brian take part in any of the activities. Every time she tried to make contact with him, Brian became disturbed, screamed, and ran to another part of the gym. Toward the end of the session, he gradually calmed down and began to watch the other children, even though he refused to participate. In the last few minutes he sat on the floor beside Diane, but would not have any contact with her. Both Diane and I felt disheartened — we wondered if we would ever get anywhere with a child like Brian.

SECOND SESSION — Almost immediately there was a great step forward — Brian allowed Diane to hold his hand without any attempt at withdrawal. Holding hands, Brian did some little jumps and squealed with delight. His interest then dropped until the students were asked to hold their children under the arms and swing them around. I wondered if Brian would allow this, but to my surprise, when Diane slipped her arms round Brian, he responded by lifting his legs up. While being swung round, Brian smiled and obviously enjoyed it. Then, to my astonishment, he placed Diane's arms round himself to be swung again. Seeing that Brian wanted more spinning, Diane varied it and swung Brian facing inwards toward herself. She said later that at first Brian was tense, but she felt him gradually relax.

When the other children were pulling against their partners, Brian joined in, but when he showed a real desire to get away, Diane let him go and left him for a few minutes. Soon Brian was willing to join Diane again, and they skipped round the room together. Then Brian galloped off, looking back occasionally to make sure Diane was close by. One of Brian's characteristic movements was to jump forward with his feet together, bow, and clap. Diane jumped with him, and encouraged him to continue. He really enjoyed this, for here was something he could do well. When Brian would not roll on the ground like the other children, Diane adopted another of his involuntary movements; sitting, they rocked from side to side. Later, in imaginative play, Diane bent over Brian, making a "den" for him. Inside, Brian sat very quiet and still; when Diane withdrew he shook his hands excitedly, another of his characteristics. He repeated these reactions several times, while the other children crept out of their "dens" and hid in them again.

When the gymnastic apparatus was brought out, Brian sat down on a bench. Instead of trying to make him join in, Diane sat beside him and talked to him until the apparatus was put away. Brian kept pointing at the lights, which always seemed to fascinate him; he was also excited by children swinging on the ropes.

THIRD SESSION — Brian seemed uneasy this morning, so Diane gave him a few spins round and he felt better. In pulling against a partner, Brian held onto Diane's hands and really tugged. This was the first time he showed any strength, and he enjoyed pulling. Diane could tell when he really wanted to be free, and would let him go. He did not run away, but repeated the pulling again. Immediately after he relapsed into another of his characteristic movements, rocking from side to side with stiff legs.

After this, Brian, who refused to take his shoes off, found he could slide in them. He ran, slid, bowed, clapped his hands, and rolled onto his back. He repeated this until he was rolling right onto his shoulders. It was a new experience, and one he had discovered for himself; it expressed a new feeling about himself and the ground. Although Brian enjoyed pulling against his partner, he refused to push against her. Watching the other children feeling their strength against their partners, he was obviously intrigued.

Brian showed his first desire to use and explore apparatus. He tried rolling on one of the mats, but he would not let himself roll right over nor would he allow Diane to help him. He stood and watched children swinging on the ropes for a long time. Diane then led Brian to the trampette, and he got on eagerly. She supported him, and at first he did little jumps, and then began to jump higher and enjoy himself.

At the end of this session Diane introduced Michael to Brian as his new partner for his next visit. Michael accompanied Brian to the changing room, and onto the bus, trying to make the adjustment to a new adult as easy as possible. Observations of the last three sessions were written by Diane.

FOURTH SESSION — Brian came into the gym smiling, and jumped, bowed, and clapped in the warming-up time. He jumped holding Mike's hands, watching the other children, and then pointed to the record player, saying "Records on." When the music began he danced holding Mike's hands, swaying to the tune, lifting one foot and then the other. Next Mike tried to make Brian more aware of his knees by banging them gently. Brian took no notice and gazed up at the lights, looking puzzled. They began dancing together again, Brian turning his head from side to side. Mike sang softly with the music and they moved forward with small steps, swaying in time to the music. When the other children were using their hands and fingers to "talk" with, Brian allowed Mike to touch his knees and arms, but when Mike touched his hands, he pulled them away quickly. He would not let Mike lead him by the hand, but preferred sitting down and rocking from side to side. Brian seemed to relax a little and allowed Mike to rock him gently and ease him onto his lap, still rocking. Brian looked straight at Mike for the first time, and they were rocking peacefully to the music when Brian got up saying, "Toilet!" When they returned Mike danced round Brian, but Brian just watched the other children and gazed at the ceiling in a world of his own.

When the apparatus was brought out Brian ran away from Mike, giggling, and then went and helped him to get out a mat, the first time he has helped. He sat on it, swaying and smiling. Then he saw the trampette and cried, "Look." He climbed on grinning, allowed Mike to support him under the elbows, and jumped higher and higher. He pushed himself up, pushing off Mike's forearms. He got off, jumped on the thick mattress, and off again, then ran back to the trampette with much squealing and laughing. At the end, he jumped, bowed, and clapped and hit himself really hard on the chest, letting out a scream.

FIFTH SESSION — Brian ran in clapping and smiling, and he had no shoes on. He had always refused to take them off, but Mike had asked him and he did so readily. Mike swung him, holding him round the waist. Brian squealed with delight and put Mike's arms round him for more. When the class was stamping strongly and rhythmically, Brian watched and stepped from one foot to the other. He jumped without his usual clapping. On the floor, he let Mike fold him into a ball, and then paid his normal visit to the toilet. Mike tried to help Brian to be more aware of his knees. He patted Brian's knees, and then his own, but there was no response. Mike took Brian's hands and he did some lovely jumps, at last bending his knees when he landed. They sat on the floor, Brian holding onto his knee with a puzzled look. He watched the children curling up and growing out, and became excited when they curled up quickly to beats on the tambour. He waved his hands waiting for the next quick beats to come. The class began working on awareness of hands; Mike moved his fingers in front of Brian's face, lightly touching him. Brian smiled when he was touched, and allowed Mike to touch his hands. They stood up and, holding hands, *moved peacefully in time to the music. Brian was calm and smiling, and Mike was able to shut his eyes and let Brian lead him for a short while — a great achievement.*

SIXTH SESSION — Brian came in eagerly saying, "Records, dancing." Mike swung him and he was delighted. However, he did not respond to any of the activities. He pulled his hands away and broke away quickly from Mike after being swung round. He paid his usual visit to the toilet. He came a little closer, briefly sitting between Mike's legs, and withdrew again. When the children were running, Brian sat down at the side of the gym; he smiled and rocked back and forth.

Brian saw the trampette and ran to it excitedly. He dragged the child who was on it away and allowed another student to help him jump, bringing his knees up high under him. He got off, began singing, and collapsed onto a springy mattress; he rolled over and giggled when Mike tickled him. There seemed to be a happy relationship between them. Brian ran over to a rope; Mike lifted him on and he had a swing and he asked for more. When the apparatus was put away, Brian became restless; he jumped, clapped and bowed, and wanted no contact with Mike. When the children were given presents, Brian still took no notice of Mike, but he was eager to open his parcel. He played with his car on the floor; he held it tight and would not show it to anyone. Brian came to say good-bye to me, as usual, he did not look at me. As he ran off, he dropped his car, leaving it behind. Mike took it to him and he held it tightly.

SUMMARY

Brian grew during these six sessions. He had greater trust in adults and showed some signs of his capacity for sensitivity and feeling toward them. He developed initiative toward external challenges in the form of apparatus, and he showed an innate delight in, and response to, music and rhythm. He did not appear to be aware of imaginative play. His characteristic obsessional movements became less marked, perhaps as his general movement vocabulary became richer. Although he made remarkable progress in some directions, Brian remained almost totally unaware of his body.

The one-to-one relationship was not only valuable to the child, but its main purpose here was to give a large group of students the experience of working closely with a child and discovering how movement can help to develop the child's potential. A constructive relationship with one child gives the student confidence and understanding in relation to a class of children. Almost all that I have learned about the use of movement with severely subnormal children has derived from a shared experience with my students. We have learned together, and each year discovered more. This account of Brian's progress raises many questions which cannot be discussed or answered here. However, it contains a message of hope. Even though our achievement may be limited, I feel that we should take every opportunity to expand the narrow world of autistic and severely subnormal children.

Therapeutic

Corrective Therapy Adaptations to the Mentally Retarded

A PROGRAM OF PASSIVE REFLEX THERAPY

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"Corrective Therapy Adaptations to the Mentally Retarded" is actually a broad topic since there are many ways in which corrective therapists might work with mentally retarded and multiply handicapped children. Rather than attempt to list all possibilities, I will explain in detail one phase of the adaptive physical education program at Austin State School, an institution for the mentally retarded.

There are four definitive programs within adaptive physical education at Austin State School. They are as follows:

1. Physical fitness activities and team sports for delinquent-type boys (CA 14-21) who generally function within the educable mentally retarded range. This program has been aimed primarily at developing prevocational competence through acquisition of physical fitness levels adequate for future employment, and to promote social and personal skills derived through participating in active team sports.
2. Basic motor activities for primary level children (CA 5-12) who attend school classes. This program has been developed to establish an adequate motor base for future skill development and to contribute to the child's learning potential through developing a sound motor base.
3. Individualized therapeutic exercises and adapted activities for a group of mentally retarded children who also possess orthopedic handicaps. These children have some degree of ambulation and are generally representative of the classic cerebral palsied retardate. The program goals are varied to meet the needs of each individual.
4. Passive therapeutic exercises for a group of profoundly retarded children (CA 2-7), some of whom were considered mobile but none ambulatory. Further discussion will be limited to this therapeutic program.

The Infants' Dormitory at Austin State School houses 66 young children who are victims of severe brain damage which occurred during the fetal period, during the birth process, or in early infancy, and resulted from congenital syphilis, hydrocephalus, mechanical birth injuries, fetal anoxia, or infant asphyxia. The environment of this dormitory had been pleasant, but offered little in the way of activity for the children. As in most residential facilities, attendant personnel were oriented almost exclusively toward custodial care; consequently, there were no carefully planned or professionally supervised therapeutic activities.

In an effort to replace inactivity with therapeutic activities, a therapeutic program was established and conducted for one year under a Title I, ESEA grant. With the assistance of the physician in charge, 15 children were selected for a program of daily passive reflexive therapy.

Reflex therapy was selected because the basic problem in each member of the patient group was a lesion of the central nervous system, and spasticity, ataxia, and grossly retarded motor development were simply signs and symptoms of the central problem. Therefore, a therapy modality built upon central nervous system stimulation seemed appropriate.

When movement is traced ontogenetically, it is found that the most basic of all human movement is reflexive. Earliest developmental movements are responses to nervous stimuli, such as pressure, pain, stretch, and the fear-withdrawal phenomenon. One of these involuntary movements is called the tonic-neck-reflex, a primitive involuntary complex of posturalizing movements. This is best demonstrated with the normal newborn infant in the supine position, by turning his head to one side. The ipsilateral extremities toward which the head is turned flex and the contralateral extremities become extended. When the head is turned in the opposite direction, the position is reversed; a positive tonic-neck reflex indicates a degree of neurological integrity. This reflex acts as a postural adjustment mechanism during the later prenatal period and in the early days of infancy. As the child begins to experiment with movement of a purposeful nature, the tonic-neck-reflex functions in his first stage of mobility. When the child turns his head from side-to-side while in the prone position, he flexes and extends the extremities in a homolateral rhythm, so that he achieves an amphibianlike or crawling movement. About 20 weeks after birth, the normal child's tonic-neck-reflex function is subdued by the advent of higher neurological levels of movement and

becomes integrated into the total complex of human expressive movement. As outlined by Temple Fay, these developmental movement stages are in ascending form: homolateral crawling, with abdomen in contact with the floor; cross-lateral crawling, with the abdomen in contact with the floor; cross-lateral creeping, in which the child lifts his body from the floor and transports himself on hands and knees; and, finally, cortical function in terms of mobility becomes evident as the child begins to walk.

The neurologically impaired child who exhibits problems of mobility, particularly of the spastic type, can be made to perform specific movements through the use of what are normally considered pathological reflexes. Fay used a variety of involuntary reflexes as therapeutic tools to stimulate neuromuscular action, including Babinski, ankle clonus, Marie Foix, Rossolimo, and passively imposing the tonic-neck-reflex movement.

Theoretically, when a child begins to move homolaterally of a voluntary nature, he is then ready to begin cross-lateral movement. This type of movement pattern may also be imposed passively by duplicating a cross-lateral crawling motion. In this case the head is turned from side to side, simultaneously flexing the arm toward which the face is turned and the contralateral leg, while extending the two remaining extremities. Cross-lateral therapy is preparatory to mobility on all fours, and ultimately to walking in the normal human fashion.

To solve the problem of personnel for administering the therapeutic exercise, we drew upon another Title I project, which provided for maintaining a separate dormitory for about 60 higher level mentally retarded boys classified as "delinquent types." This was the same group which participated in the physical fitness and team sports programs mentioned earlier. Fifteen of these young men were selected and trained to administer reflex therapy as a part of their prevocational training. These boys gained experience in working precisely under supervision, the ability to work effectively as a team, the motivation that comes with contributing to the well-being of individuals less fortunate than themselves, and the status of being responsible persons providing a service of importance. They proved quite competent and probably gained as much as the children to whom they administered therapy. Eventually these 15 young men formed three effective teams, each responsible for the daily reflex therapy of five children.

Each child involved in the program was examined by the physician in charge, for possible contraindications to exercise. Once approved, each child was passively exercised once a day, five days a week, for a period of five to eight minutes per session. For the spastic child, reflexive exercise was preceded by passive stretching and unlocking maneuvers to facilitate the therapy session. Where indicated, individual adaptations in therapy administration were implemented.

During the course of the program, two children had to be discontinued due to systemic disturbances which were felt to be hampered by the exercise. In both cases, in addition to their severe neurological involvement, there had been little other than custodial care given them for more than seven years.

Of the 15 children in the program, three made observable progress in both mobility and in lessening of spasticity; two had no initial spasticity and made progress in mobility; four had observable lessening of the effects of spasticity but no mobility progress; and six made no discernible progress in either area.

Other benefits noted by attendant personnel were improved appetite and digestion; they seemed to rest better; and appeared happier and more alert.

Overall, the program was considered successful. With this type of child, those who are so extensively involved, any improvement must be termed a success. Generally, the objectives of relieving spasticity and promoting mobility were met. It must be emphasized that this type of therapy is long-term and requires constant dedication. A one-year program can but serve to demonstrate its possibilities.

Therapeutic Gymnastics for the mentally retarded

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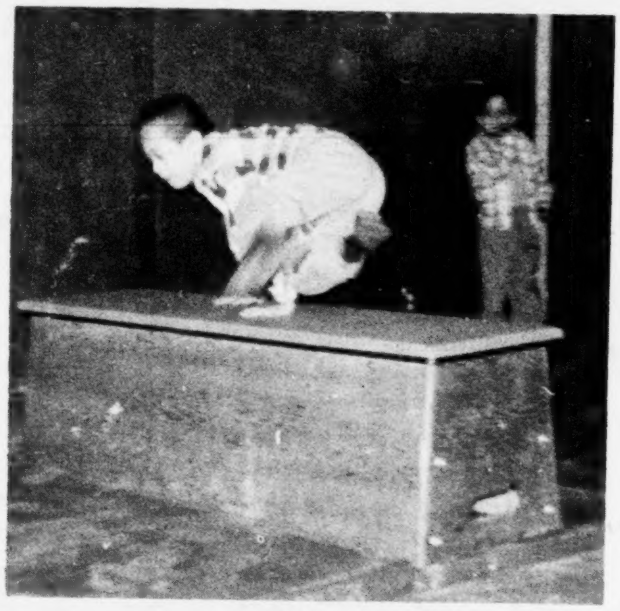
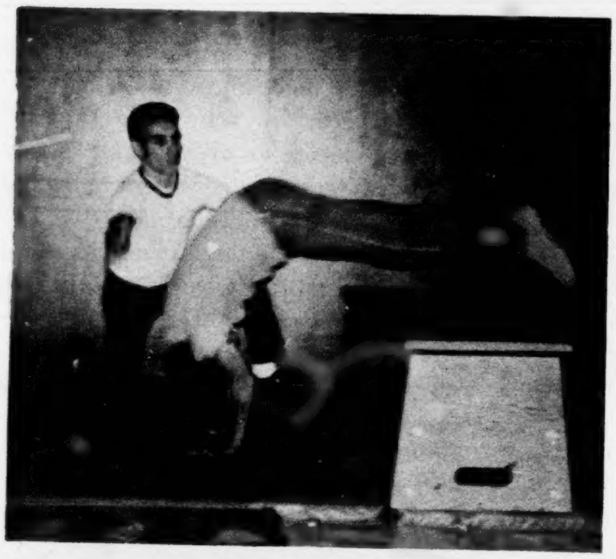
In recent years physical education has witnessed dynamic expansion and gained in prestige as an important means of meeting educational, training, and rehabilitation needs of mentally retarded children. However, reports of early work indicated that physical and motor abilities of the mentally retarded were related to their impairment in mental growth, especially when they were compared with nonretarded age peers. Still later works described low levels of physical fitness which were felt to limit the retarded's effective socio-recreational functioning and their potential for vocational habilitation. The emphasis upon physical fitness, motor proficiency, and recreational development provided impetus for scientific exploration of specific needs of the retarded in these areas as related to their education, training, and habilitation.

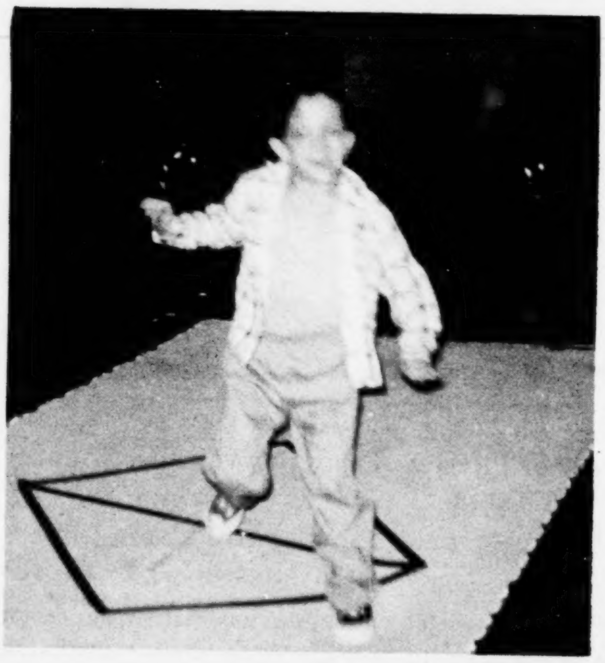
Of primary importance in the development of these programs has been the concept of sequential or progressive perceptual-motor abilities. Perception is a barin-level phenomenon in which current sensory stimulation is integrated with memory stores from past experiences; a conscious motor act is an expression of perception. Perception and motor activity are both integral factors in the learning process. Perceptual-motor developmental activities are therapeutic, for by definition therapy means treatment—the utilization of specific or general processes to ameliorate disease or disability. Although mental retardation cannot be cured, its effects can be lessened by conscientiously providing for perceptual-motor development.

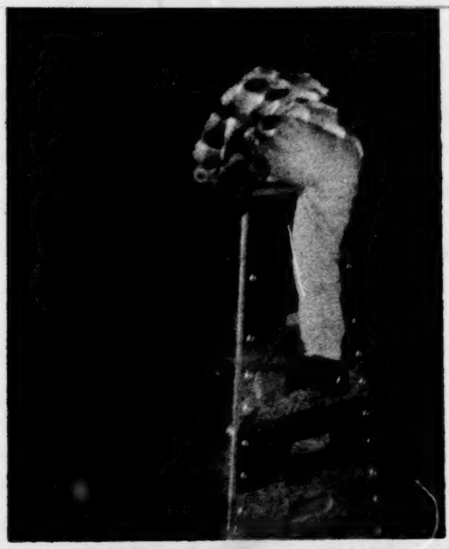
Perceptual-motor training requires situations in which children (with as much independence as may be safely and successfully possible) engage in a variety of activities involving balance, gross motor or total body cordination, visual-motor coordination, agility, and manual dexterity along with physical fitness activities. Body image and spatial relation concepts are developed through motor acts requiring identification of body parts, their functional relationships to other body parts and to external objects in space. Body positional experimentation and directional exploration also contribute. Concepts transferrable to functional academics may be developed through imposing serial memory tasks, manipulating numbers and letters, and recognizing colors and geometric patterns while participating in various motor activities.

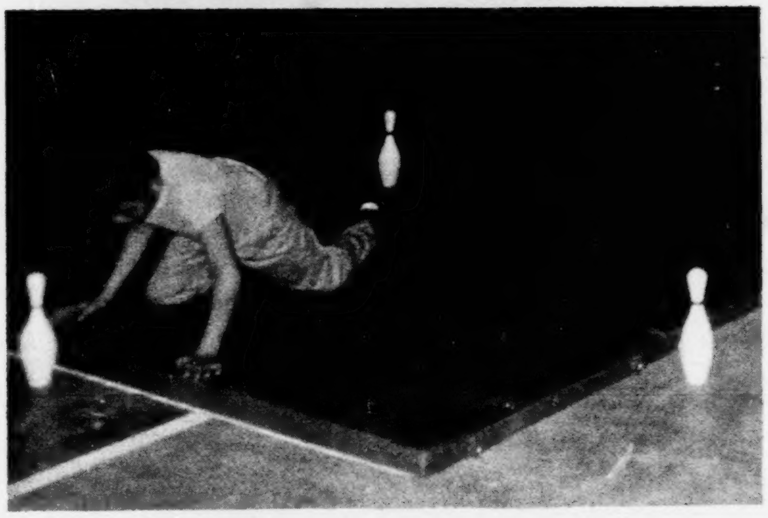
Traditional gymnastic equipment and teaching progressions are readily adaptable to therapeutic programs for developing perceptual-motor attributes of the mentally retarded. At Austin State School (Texas) such activities are included as part of a wide range of activities which can contribute to the acquisition of perceptual-motor skills by the resident population. Approximately 250 children exhibiting almost all levels of retardation and motor development participate in this program. Selection of activities, techniques of instruction, and rate of progression are determined by and adapted to the particular child or group of children. Understanding the characteristics of mental retardation in general, and adequate screening of particular groups of mentally re-











tarded children lead to compilation of a sound, productive regimen of activities directed at specific weaknesses. Evaluations at the School indicated marked weaknesses in gross motor abilities, static and dynamic balance, spatial relations, and body-image concepts among the residents. Gymnastic activities offered an enriched environment for developing these qualities.

For severely retarded children and others who exhibit gross neuro-motor handicaps, tumbling and mat activities begin at the most basic levels of undifferentiated movement. Various situations which require children to experiment with scooting, dragging, sliding, crawling, creeping, rolling, and twisting are introduced. Often it is a tremendous task for these children to solve simple problems—how to get from one end of the mat to the other without lifting the abdomen from the surface or without using one leg or arm; how to creep on all fours with an Indian club under the chin. The variety of stunt-like mobility situations is endless. Activities become more complex, including roll patterns about a horizontal axis—forward and backward rolls and eventually dive rolls or cartwheels. Dual rolls, three-man leg rolls, tip-ups, head stands, and simple pyramids are not unrealistic activities for many retardates. Throughout the program, manipulative guidance and thorough spotting procedures are imperative. Teaching techniques should combine visual cues, verbal directions, and kinesthetic-tactile facilitation of desired movement patterns.

New and exciting challenges can be introduced by progressively changing the child's movement environment from relative security on the floor or mat to include obstacles such as vaulting boxes, horses, or elephants. Concepts such as up-down, over-under, top-bottom, front-back can be taught or reinforced. Finer levels of coordination, balance, and more complex mobility problems can also be introduced. Initially children are directed to get over the box (or other obstacle) in any way they can. This allows them to work out movements as independently as possible, but does not allow the situation to become one of failure-frustration for the participants. Obstacles of suitable height can be cleared with different parts of the body. When objects are cleared without being touched by the lower extremities, vaults have been performed.

Parallel bars can contribute to the development of body image, body part (function) differentiation, directional concepts, gross motor coordination, and muscular strength and endurance. With young mental retardates, early exposure to this piece of apparatus should be supervised, nondirected exploration. Exploration can be stimulated by questions—"Can you get up on the bars?" "How many different things can you do on the bars?" "Can you hold yourself up with just your hands?" "Now, can you walk on your hands?" "Can you sit on the bars?" "Now, can you move to the other end?" "Can you walk on your hands and feet (forward, backward)?" More adept children may progress to mounts and dismounts, swing straddle travel, and forward and backward rolls.

The trampoline is unique in its potential to contribute to perceptual-motor development. Momentary suspension from the pull of gravity produces a totally unfamiliar orientation problem which demands that the child make rhythmic and dynamic postural adjustments. The trampoline is most valuable when used after basic motor learnings have been acquired in mat and tumbling activities. In trampolining it is imperative that the teacher be able to communicate with the child, either by verbal, visual, or tactile-manipulative procedures. Safety factors and bounce control are first and foremost in the teaching sequence and may need continual reinforcement. Instructor demonstration, on-the-trampoline instruction, and use of a guide rope or overhead suspension system are valuable devices. Trampoline activities progress from orientation activities to independent bounces and turns from both feet and then one foot and finally to various drops (seat, knees, hand and knees, front, back). Teaching does not have to focus on teaching specific skills. The child can be given exploratory problems so that he may decide which movements are appropriate for the task. The trampoline is also valuable in facilitating learning serial memory tasks, geometric shapes and patterns, colors, numbers, and letters. Colored patterns, numbers, and letters placed on pieces of apparatus are used by having the child identify and perform on the object; serial memory tasks are implemented by having the child perform, for example, three stunts on a certain geometric pattern on the trampoline.

These descriptions do not give item-by-item or skill-by-skill progressions; at Austin State School progressions do not adhere to any standard form. There can be no standard progression or sequence for the mentally retarded since the range of neuro-motor performance is too varied. Goals are to develop generalized motor abilities in situations which require the participant to think, plan, and integrate (coordinate) his movements. This is problem-solving through integration of cognitive and motor acts. These techniques are aimed at two of the major disabilities in mental retardation —intellectual functioning and motor performance.

ROLE OF CORRECTIVE THERAPY IN MENTAL RETARDATION

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The academic and clinical training of corrective therapists is relevant and conductive to their active involvement in habilitation and rehabilitation programs for the mentally retarded. The medically oriented physical educator can contribute to clinical programs for the mentally retarded; he can also provide consultive, supervisory, and administrative services for these programs. In clinical settings corrective therapist's contributions to the team effort are through evaluating individual motor performance and in setting up individual training programs. The corrective therapist's physical education background equips him with knowledge of fundamental movement which is basic for developing a sound foundation regarding the benefits of physical and motor activities. The corrective therapist uses an activity modality to reach the whole person; his understanding of physiology and human movement and of psychology and human behavior prepare him to deal with the whole person. His preparation in education lends itself to active teaching through demonstration and interaction with individuals and groups.

In either the physical education class or in a clinical situation, therapists may work with retarded who have multiple handicaps — neurological, orthopedic, or other physical conditions — in addition to their retardation. Physical limitations should not negate group approaches. An ataxic child who has no peers with a similar impairment can participate in activities designed by the therapist which induce the desired movements for the child's condition.

The mentally retarded are more likely to experience success in physical activities of simple work or play than in the academic or more complex social and vocational endeavors. Although many mentally retarded have some degree of motor retardation, it is in most cases amenable to motor training. At about the three-year level of motor development, social factors can effectively be taught through physical activities. Homogeneous grouping is essential once the mentally retarded child has reached levels of motor performance where he can interact and compete with his peers. When the group has been established, the therapist must design play activities to meet the needs of each child where his primary motor breakdown occurs; at the same time he must design activities which promote well-rounded development in each area of motor function.

In working with children whose motor development is less than three years, an individualized, sequential, progressive approach to motor learning seems to be the most accepted and logical method. Normal developmental skills and play activities should be included in the prescribed plan for these individuals unless their mental ages are not consistent with the motor performances. Low organized games and activities may be the ultimate in motor development for the *profoundly* retarded. Lead-up activities and adapted games and sports are challenging and important aspects of activity programs for *severe, moderate,* and *mildly* retarded children, youth, and adults.

Gross motor activities are relevant to either the sequential approach or the low organized games-adapted activities approach. Five areas of gross motor activity — *muscular strength and endurance; cardiorespiratory fitness; body balance and coordination; body speed and agility;* and *body flexibility* — can be useful in developing well-rounded physical activity programs and for determining individual needs. Since these five areas contribute so much to the development of activity skills, they should be applied to all age groups and classifications of mentally retarded.

Basic criteria to guide setting up activity programs for the mentally retarded include: (1) have a graduated scale of performance built into each activity area; (2) start with a task simple enough to assure each participant some success; and (3) induce enough stress to allow continuous improvement.

Many different activities can be used to develop each of the gross motor areas. If weaknesses in one area are found, the appropriate specific movements and patterns should be applied to the individual's activity program. If weaknesses are more obvious and serious — if there is complete lack of ability in one or more of the areas — the sequential approach should be used.

The following suggested activities may be employed in group sessions or in games or they may be used individually for testing or developing an area. (Activities are not listed in developmental sequences.)

MUSCULAR STRENGTH AND ENDURANCE — broad jump (standing and running), vertical jump, softball throw for distance, sit-ups, push-ups (regular, modified, or with a medicine ball), *half*-knee bends or squats (with or without medicine ball or barbell), horizontal bar hang (straight or bent arm), and weight (resistance) training (*Note.* Bent knee sit-ups should be done rather than straight leg sit-ups for testing and developing the abdominal muscles since this position isolates the use of the hip flexors.)

CARDIORESPIRATORY FITNESS — step test or other forms of bench stepping, jogging, treadmill, exercycle, hiking. High interest activities promote cardiorespiratory fitness. Subjectively the individual can be evaluated by noting how easily he tires and the kinds of activities which cause him to fatigue most readily.

BODY BALANCE AND COORDINATION — balance beam, balance board, and bounce board activities; walk on lines of various widths; trampoline activities; tumbling, self-testing, and similar apparatus activities; throwing-kicking activities.

BODY SPEED AND AGILITY — squat thrust, shuttle runs, relays, confidence courses.

BODY FLEXIBILITY — toe toucher, trunk twister, running, throwing, swimming, trampoline activities, jungle gym activities (hanging, climbing, twisting, stretching), confidence course actvities.

Trainable Retarded

PHYSICAL EDUCATION FOR THE TRAINABLE RETARDATE

Janet Logan, Washington School, Stevens Point, Wisconsin

A physical education program for the trainable retardate should provide for development and improvement of basic physical skills within a fun context. At the Washington School, various activities have been tried out with the children in the trainable class (CA, six to eleven years; MA about three to five years). The varying success of specific games and activities is reported here as a guide to others working with trainable mentally retarded children.

Some of the children did not walk till five years of age. Others, due to lack of neurological development, brain injury, poor nutrition, obesity, wandering attention, or acting-out behavior are not very proficient at physical skills. As a beginning, standing on the line assisted in organizing them, gave them a cue they could recognize and readily find, and allowed more time for individual attention and help.

The children have, in general, learned to run from one end of the gym to the other and return. Only two show competitiveness; the others run from force of habit and imitation. Holding hands, they have also learned to walk backwards, with only two attempting to look over their shoulders. Usually they can reorganize themselves for the return trip. Running backwards individually is more difficult, and there is more looking over the shoulder, even when encouraged to "look at the red mat" or at the teacher clapping her hands a few feet in front of them. Some are afraid to stride out backwards and have to be assisted frequently until they are more secure. Side-stepping on the line, to the left and to the right, completes the series on locomotion used to start the half-hour daily gym period.

Calisthenics as formal exercises are not used. Instead, an activity is used in which the words, *"Do this,"* are repeated with each change of position of hands or feet. Positions are: hands on head, shoulders, hips, knees, toes, arms stretched up high, arms flying, arms swinging and torso twisting, clapping front and back. These actions can be performed with fair success, except for three laggards who must be waited for and helped. There is variation in energy output, ability to keep together on the movements is not good, and motions are not very precise. However, most of the children have learned to follow the commands and the movements of the leader and now know where the body parts are.

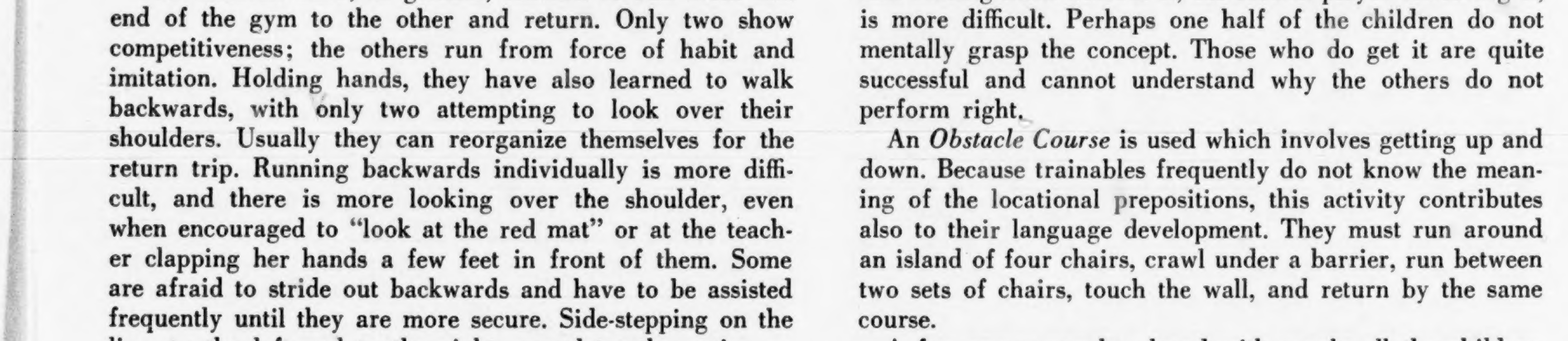
Records are used for running, galloping, marching, skipping, bouncing, and some imitative and dramatic actions such as dwarfs, elephants, and giants. In general, the trainables do well on running and walking, fair on marching and on galloping, which they did not know but have learned, poorly on skipping and jumping. The imitative and dramatic movements have been difficult, but with more experience may prove to be successful. It is too soon to evaluate them.

Relay races are so called only for identification purposes. The trainable children do reasonably well with two teams and two elastics which they put on over their heads and off from their feet. *Over and Under* is done in one team. A large playground ball is passed backwards overhead and the last one in line runs to the head with the ball. When each has had a turn, the ball is next rolled under between the feet. *Beanbag Relay*, taking a beanbag across the gym and coming back without it, the second player retrieving it, is more difficult. Perhaps one half of the children do not mentally grasp the concept. Those who do get it are quite successful and cannot understand why the others do not perform right.

An *Obstacle Course* is used which involves getting up and down. Because trainables frequently do not know the meaning of the locational prepositions, this activity contributes also to their language development. They must run around an island of four chairs, crawl under a barrier, run between two sets of chairs, touch the wall, and return by the same course.

A few games can be played with nearly all the children being successful. In *Flying Dutchman* the line of children is pulled any direction about the gym. The leader shouts, "Flying Dutchman," or some other verbal cue of their own design, and the children run back to the mat. *Chicken, Come Home* is played but is somewhat confusing as the children cannot remember which role they are playing or which direction to run. Also, the idea of tagging, catching or eluding someone gets across to only a few of the children. *Musical Chairs* works well and most of the children now know to look for a chair, though at the beginning almost none did unless a chair was right beside them.

Cat and Rat has not been very successful. There was no idea about who was chasing whom, that one should get



away, or that the circle should help or hinder either player. *Dodge Ball* played with the large soft bag has been a dismal failure. Fewer than half the children play it with any idea about the purpose of the game. Several get out of touch and wander away from their places. *Catch My Tail* is currently the most successful game. A bandanna handkerchief has one corner tucked into the back of the belt of one child. He runs away and the others try to pull off the handkerchief. At the beginning, the participation was poor and the action slow, but by now all but three are able to get the tail several times in ten minutes. All are given a chance, and the slow ones are pitted against each other while the fast ones are catching their breath. *Red Rover* is fair but requires cautions against roughness.

Matwork consists of rolling down, rolling down and back, somersaults, headstands, and walking up the wall backwards and somersaulting down. The obese ones are ruled out of headstands to prevent neck injury. One does a shoulder roll instead of somersault. There is a varied amount of skill shown, but in general the rolls and somersaults are good, and the headstands and walking up the wall and somersaulting down are fair.

Walking materials used in the gym include a plank across two concrete blocks for balancing and jumping, a set of foot-sized wooden stepping-stones with rubberized backs, a carpenter's ladder for stepping through the holes and lifting the knees, and four hinged sections of six-foot two-by-fours, also rubber-backed, used for balance beam. The children walk on the four-inch side now, but as their skill increases, the hinges will be changed and they will have to walk on the two-inch side. These materials are laid in a large rectangle and the children walk around them. The frisky ones are slowed down so that they will have to exercise more coordination, and the ones who have trouble are given a minimum of assistance. At the beginning, the bouncing plank was placed beside a wall, but now it stands in the open, and the children have moved ahead in their use of it.

Shadow Dancing has been fun. The class uses the darkened music room which is large and has plain walls. A light bulb with a spring clamp is clipped onto the back of a chair, about six inches from the floor. The children dance in front of the light in two's or three's, or sometimes the whole class, and project shadows on the wall. Within the space of twenty feet there is room for shadows to be normal in size or to grow up to the ceiling. There is less experimentation with changing the body outline than would be expected with brighter children. However, some of the children are beginning to pay attention to their own shadows and change them at will. The problem with some others is to get their attention on the shadows at all, and not just to show off to the teacher or to engage in purposeless movement. Music is expressive but gives them only a few ideas so that what they do must come from their own feelings. At first, the children were hesitant and insecure, but now they are quite active.

The activities described do not depend strictly on physical development. Some of them require following commands, listening, giving commands, thinking, conforming, doing something different. All of these skills are learned slowly by the trainable retardate and are gained only after endless repetition. It is easy to observe that some learn the patterns of the activities but never the purpose. A few have learned neither the pattern nor the purpose. Some have learned both. It appears that the group could be divided into three sections on the basis of the level of their learning as thus described. If it is a case of time for the slow ones, then eventually they should have reached the same level as the best ones.

The new children always seem to be the poorest performers. The matters of wandering attention and acting-out behavior appear to be more serious problems in physical education than merely lack of physical skills. Some of the children also seem to react to large spaces with hyperactive, purposeless, or disorganized behavior, and it may be that an area smaller than a standard gymnasium would be better for their use. Progress should depend on teaching the lowest level activities first until they are familiar and well done, and then adding new activities one at a time, and only after previous ones have been learned. Current newcomers are learning all activities faster than the whole group had learned them previously. It is plain to see that the group sets the pattern for new children better than the teacher did for the entire group. Thus, workers have a valuable source of assistance from their older children.

PHYSICAL ACTIVITIES FOR THE TRAINABLE MENTALLY RETARDED

F. William Happ, Director of Education and Research
Laradon Hall School for Exceptional Children, Denver Colo.

In many programs for the mentally retarded, too little emphasis and attention are given to regular participation in vigorous physical activities. Frequently these activities are used only as stopgaps, randomly selected and applied, and seldom comprehensively organized as an integral part of the program. This situation is especially prevalent in programs for the trainable. Consequently, many trainables are weak, unfit, overweight (or underweight), and unable to enjoy the fun to be derived from play and sports.

Participation in physical activities is considered essential for developing physical strength, intellectual ability, social skill, and emotional stability in normal children and adolescents; it is of even greater importance for the mentally handicapped, who often have additional physical deficiencies which also affect their motor function. The trainable need to participate regularly in activities that will tone muscles, increase stamina, improve locomotion, promote rhythm, help them to orient themselves in space, allow them to acquire and maintain balance, and encourage them to perform gross and fine movements.

Certain principles should be considered in planning activities. Meet the needs of the participant with activities that attract and interest him—don't just try to satisfy the ambitions of the instructor; select activities that invite or provoke action by the participant; use activities which make increasing demands on the participant as his motor-perceptual skills improve.

Generally the trainable have limited ability to communicate verbally; they have difficulty in expressing themselves and in appreciating and understanding verbal messages. Directions must be plain, unmistakable, and brief. Lengthy explanations are not understood and are often confusing. Emphasis in teaching should be upon showing and demonstrating, and demonstrations must be organized in small steps, including persistent repetition, until each child knows exactly what is expected of him.

Initially, motor activities have to be simple and unassuming to enable the child to succeed with whatever little strength and skill he possesses. Only after simple tasks are mastered should more difficult exercises and activities be introduced.

Piaget, Kephart, Hebb, Hunt, and Gessell have stressed the importance of motor activities for developing physical ability and motor skill as prerequisites for perceptual skill. Recent research confirms the close relationship between motor proficiency and perceptual competence. These findings are appropriate and applicable to the trainable retarded—improved physical skills increase their activity level and induce responses otherwise not often forthcoming. Increased motor proficiency broadens their range of effective stimulation and assists them in properly interpreting sensory impressions.

Many motor activities contribute to the understanding of cause and effect relationships. Often, the mentally retarded—particularly the trainable—are dimly aware of what they can do with their bodies, and of the consequences of their physical actions. Structuring programs and intentionally selecting activities to teach cause and effect relationships are additional challenges for the physical educator and the recreation specialist to consider in programing for the TMR.

When designing physical education and recreation programs, certain characteristics of the trainable must be considered; they play less than normal children; they prefer simple games with fewer rules and actions; they enjoy the repetition of games with which they are familiar; they favor simple games even after they have mastered more complex ones; they often slide back into simple forms of play when engaged in a more complicated activity (e.g., when building a house with blocks, the trainable may become entranced by the color, shape, or size of the blocks, and become engaged in feeling their edges, putting them in the box and getting them out again, eventually forgetting the original task).

Certain factors about activities themselves must be given equal consideration. Games designed for normal children usually have to be simplified or modified and often have to be initiated by the teacher or recreation specialist since so many trainables are passive or hyperactive. Activities have to be well organized and the participants stimulated and motivated; participation in recreational activities should be encouraged but not forced, as the individual should have the right to choose whether or not he takes part in a given activity, based on his interests and wishes. Because of his short attention span, play activities should be changed frequently.

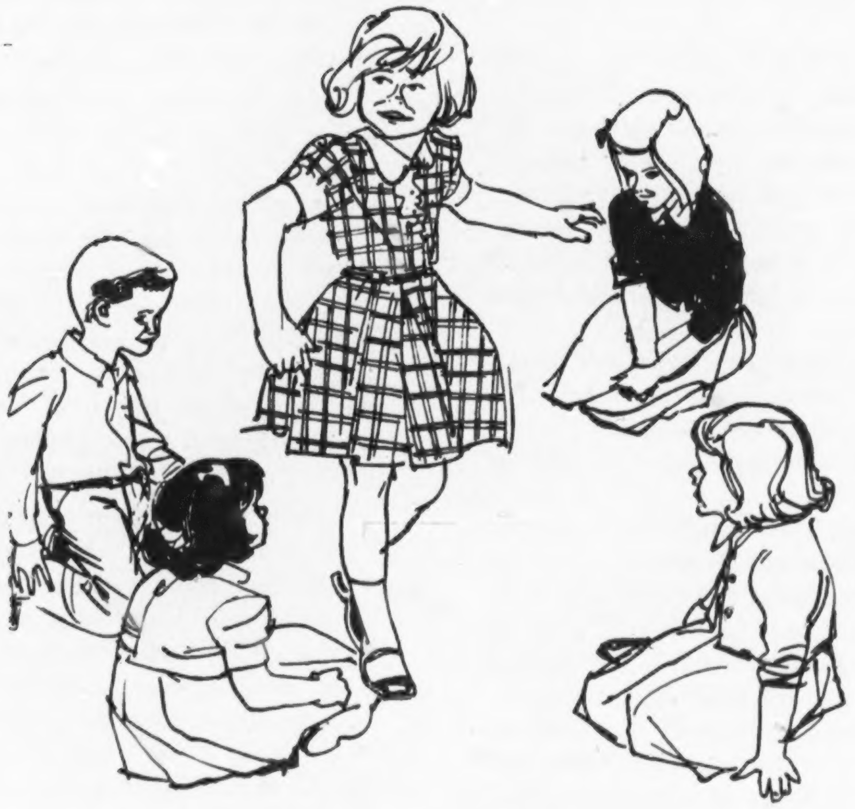
If physical education and recreation activities are properly organized, there is ample evidence that the trainable retarded derive the same benefits from them as do the normal or educable—pleasure, success, and self-assurance.

Over the Rainbow

A PROGRAM TO HELP THOSE FOR WHOM DREAMS WILL NEVER COME TRUE

Everyone was seated as instructed on the black line which formed a big circle in the middle of the gymnasium floor. There had just been an active game of running so now everyone was ready for a quiet game before getting in line to return to the classroom. "Do you remember 'What's My Song?'" Some hands went up in response to the question. "Who wants to be first?" Diane, bright eyed, bushy haired, chubby, was selected as the lead-off player for the game. Diane approached the center of the circle and began singing a song which everyone would help sing as soon as it was recognized. Diane sang alone for only a moment because everyone recognized "Somewhere Over the Rainbow" and readily joined in. There were broad smiles, some laughs; a few began to clap their hands to the rhythmic tune. It was a familiar one. In the classroom, this song had been repeated again and again until the words were put together into a recognizable unit in each individual's mind. No hope, no dreams—but a rainbow is a lot of pretty colors in the sky. We are singing about colors in a sky. The colors sometime come after it rains. We know this song. Everyone claps.

Linda is next. "What's your song, Linda?" She stands in the center of the circle and a broad smile appears. She had raised her hand to be next but she was without a song. You say a few words of encouragement. Linda makes a noise you cannot understand and then she nods. She begins making the noise to a melody. You wait, no one joins in. The teacher looks at you and smiles as she says, "It's her own song." The game continues with much clapping and many smiles.



Over the Rainbow

For these children the words of Diane's song do not bring the inspiration, the youthful hope, that they carry for the rest of us. The place over the rainbow "where the dreams that you dare to dream really do come true" may not exist for them. But the game, the movement, and the playing together may after all result in inspiration and action.

These children are from the Greater Kansas City Foundation for Exceptional Children. They are mentally retarded. They are a small segment of a large national group. The group they represent needs help—and especially the help physical education programs can give to improve their adjustment to the world through better control of their bodies.

These children were fortunate to live in a large city where there are special classes for them to attend, but this is not always the case. The group met twice a week for physical education, and at one meeting I was in charge of their activities. During the course of a year, the group worked on body mechanics; locomotive movements; games, both quiet and active; and organized exercise movements.

Body mechanics included instruction in good standing and walking posture. It was a long, tedious process to get those heads back over the spine; they had been carried forward and low for so long. Most of the shoulders were still rounded a little but they looked better each week. There were still a few sunken chests, but most were up and forward at the end of the school year. The abdomens were held in better after a little training. A problem of obesity existed with about one-fourth of the class. The transference of principles from standing posture to walking posture was something to behold. The concept of which foot went on which line and which toe pointed where was a little difficult to comprehend. Improvement was present, though, especially when the instructions were repeated by the classroom teacher during the week.

Locomotive movements consisted of walking, running, hopping, skipping, and galloping. The walking, hopping, and running were fine, but work is still needed on skipping and galloping.

Quiet games played stressed the development of sight, sound, touch, and the necessary recognition which accompanies the use of these factors. The vigorous games stressed running. The students do not tire as easily now as they did at first, even though endurance is still low for the majority of the class.

Ball handling games included playing with a volleyball, a basketball, and a soccer ball. All students can recognize these balls when they see them now. While learning to recognize and handle the basketball they progressed to a shuttle drill using a bounce pass and a dribble. All learned to dribble the ball the length of the gymnasium—at their own pace—in their own way. With the volleyball they progressed to a short simulated serve and a volley in a shuttle drill formation. It was not perfect, but why should the objective for this class require a perfect drill to represent accomplishment? Soccer balls are for kicking. Is it not possible to take out a lot of pent-up frustrations by aggressively kicking a soccer ball?

Organized exercises started off rather slowly, but after much repetition the class progressed. Each class member now volunteers to come forward and lead one exercise. Practice in the classroom during the week also helped in this area. They can now recognize and attempt the jumping jack, push-up, sit-up, toe touch, arm stretch, waist circling, shoot-the-cannon, and knee bend with toe touch. Everything is not perfect, but the students are moving now where before they were still.

It has been a sincere privilege to work with these children. We all have learned a lot. My experiences have pointed the way to developing a program of progressive activities for the next year. There is much that can be done.

The fascination of motor learning, with its many facets, is one reason why physical educators are physical educators. Our ability as a group to refine the art of motor learning determines our effectiveness. What greater challenge in the constant study of motor learning could one want than to have the wonderful experience of teaching a highly individualized mentally retarded child a motor skill?

Their world can be such a happy world, if it includes adults who care about their welfare. Enter their world with your talent and ability for just an hour or two a week. Not only will they derive happiness and learn a lot from the experience, but you will find that you will too. "The dreams you dare to dream really do come true." Use your background, training, and ability to help those for whom dreams will never come true.

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IV. FACILITIES, EQUIPMENT, INNOVATIVE IDEAS

Teaching the Severely Retarded to Use Playground Equipment

Ordinarily, playground equipment is a source of fun and satisfaction to children and it can aid their physical development. However, few severely or profoundly retarded, especially residents of institutions, know how to use playground equipment. At Pacific State Hospital, although playgrounds were available, they were rarely used by severely and profoundly retarded residents because of the staff's general skepticism about their ability to learn to use the equipment. Traditional training techniques did little to dispel this attitude, and more capable patients received the majority of the staff's attention.

With the awarding of a Hospital Improvement grant, the hospital administration looked to the Rehabilitation Services staff for techniques to teach therapeutic recreation activities and games involving educational toys and playground equipment. To be completely honest, we didn't know techniques for teaching the severely retarded; this is an account of our efforts in meeting the challenge.

We started by observing the patients and having seemingly endless interdisciplinary discussions about their needs and capabilities. The largest common denominator seemed to be their relative freedom from limiting physical disorders. However, patients were wardbound and needed to participate in outdoor activities. They needed to develop gross motor coordination, muscular endurance, and body strength, especially through active use of their arms and legs. They had to be taught to climb, swing, slide, grasp, and to hold objects. They lacked opportunities to have successful experiences in following simple directions and in completing specific tasks. They needed to have activities for just plain fun—pleasurable enough to motivate them to want to participate on their own and for their own enjoyment.

Once needs were identified we had to translate them into activity programs. Many activities could have been undertaken with limited resources; HIP funds made possible a broader range of activities and approaches. We attempted to relate facilities and equipment to program needs and to include active participation as a part of every patient's daily experiences.

Primary goals of the program were to motivate patients to use playground equipment and to teach them to have fun so they would know how to play effectively. This dictated certain equipment requirements—equipment that patients could learn to use (there was no point in obtaining items that would be beyond their comprehension); enough units so each patient could always participate (this group didn't understand the concept of taking turns and couldn't tolerate waiting—they either lost interest or ran right over the patients ahead of them); variety of equipment so patients could readily move from one item to another (short attention spans demanded this); items which were appropriate for patients functioning at different developmental levels.

Playground items determined most suitable for Pacific included tilt or regular merry-go-rounds, swing sets with at least six swings, simple climbers, tunnels three feet in diameter, and two types of slides. Standard playground equipment met all criteria, with one exception—a number of patients were fearful about the climbing ladder of the standard slide. It was necessary to obtain a special stairway slide—five feet wide, five feet high, equipped with a handrail. This unit was not as frightening, since the stairway

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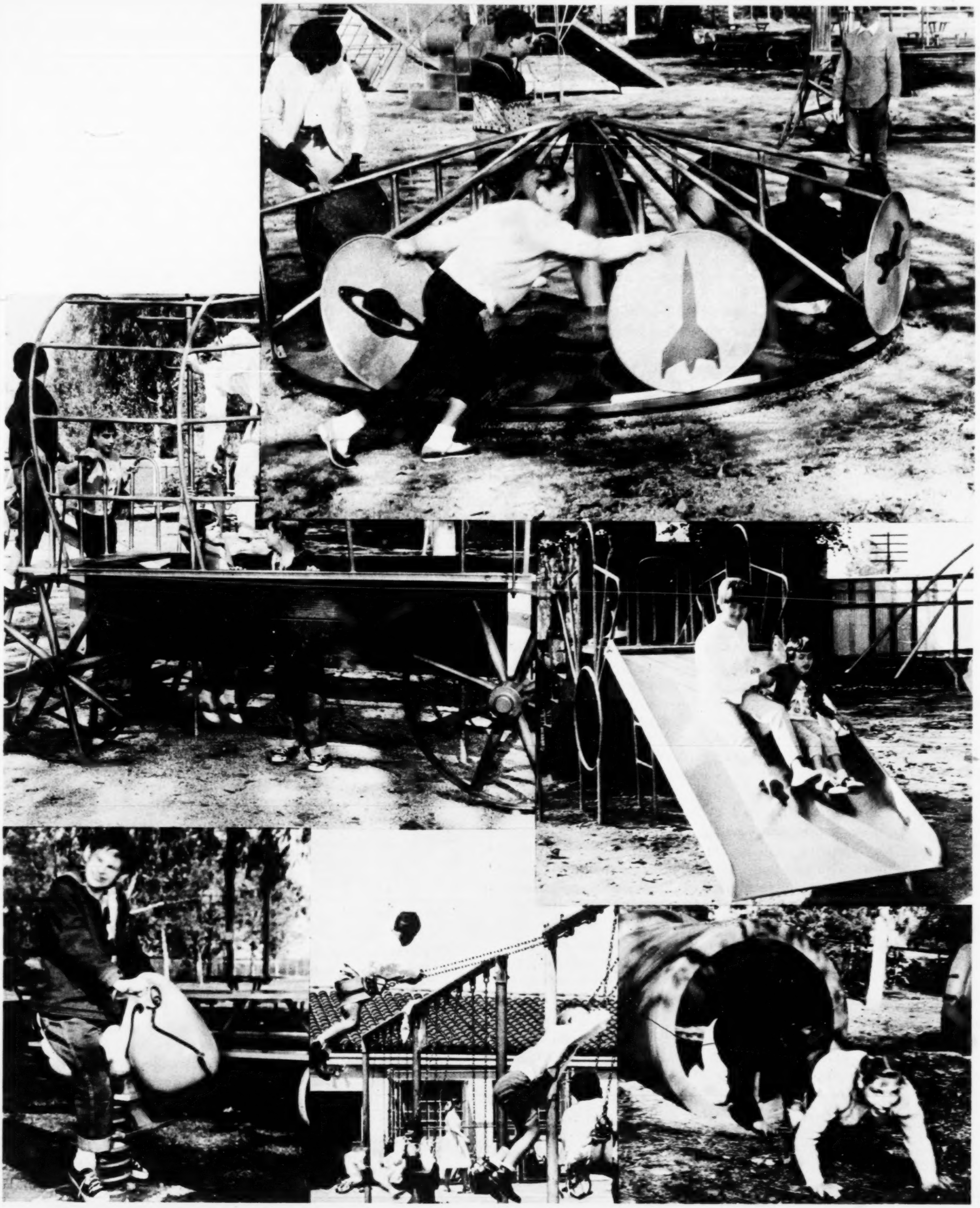


width and handrail allowed a psychiatric technician or recreation therapist to be at the patient's side during the activity. After this slide was mastered, patients progressed to a standard slide.

Step-by-step progressions, supervised closely by skilled employees, permitted patients to move from fenced to nonfenced areas. This was made easier with some tangible delineation of the playground area — shrubbery, the side of a hill, the wall of a building, a walk, or the difference between a surfaced area and a lawn.

Integrating playground experiences into ward programs was essential. Since the Rehabilitation Services staff was (and still is) limited in size, it was apparent that the majority of the activity program would have to be carried out by psychiatric technicians who provided day-to-day care and treatment for patients. Therefore, ward charges (attendants) were vital links between recreation therapists and psychiatric technicians. Ward charges worked closely with recreation therapists in planning and scheduling the program, evaluating the training needs of psychiatric technicians, and suggesting pertinent methods of meeting these needs.

Training classes were instituted for psychiatric technicians. These classes, led by recreation therapists, consisted of group discussions which attempted to link patient needs with activity techniques. Certain principles guided deliberations: people live up to their expected social roles; patient motivation is greater and learning occurs more quickly through personal contact and demonstration than through verbal instruction alone; tasks should be broken down and taught in small step-by-step increments.

All employees were encouraged to identify potential problems and to propose solutions. One very practical problem was identified early—requiring regulation white uniforms during activity sessions. A number of technicians felt it would be very difficult to "do and show" on a climber or push a merry-go-round in a skirt, particularly a white skirt. Permission was obtained for personnel to wear appropriate recreational clothing, such as slacks.

Psychiatric technicians' feelings and attitudes were critical factors since patient attitudes clearly mirrored those of the technicians. Every effort was made to make the program and its objectives vivid and rewarding to each psychiatric technician. "Do and show" wasn't limited to the technicians' technique with patients. Recreation therapists soon learned that technicians grasped concepts more quickly and accepted the program more readily when therapists rolled up their sleeves and joined them in activities. For example, after a patient climbed the slide stairway by himself, he had the reassurance of an affectionate pat from his technician as he sat on the slide, and a cookie was offered by the therapist if he would come down the slide alone.

Little by little we realized that the psychiatric technician's job satisfaction was often thwarted because he expected too much or too little from patients. A playground rating scale —simple checksheets—helped solve this problem. Technicians completed checksheets for each piece of equipment at the beginning of the program and at various intervals during the program. Ratings reflected a patient's progress in specific skills, along with his speed of learning. In addition, they suggested next steps, which established more realistic expectations for technicians. Checksheets had other virtues—they permitted objective comparison of a patient's performance with that of his group. They facilitated communication between personnel on different shifts, thus promoting continuity of experience for patients. In many ways these checksheets became the backbone of the program.

We learned many techniques together. Some children needed considerable assistance in climbing, but others needed a socially acceptable place and time to climb. At the beginning of the project, running away and climbing over fences or onto tile roofs were problems, so that some patients could not be allowed outdoors without special supervision.

Effective motivation was relatively simple—participating in activities with patients and expressing pleasure and enthusiasm over their progress and accomplishments. A well-timed smile, calling a patient by name, punctuated with "good girl" or "good boy," and patting or hugging him when he completed a task were all well received. Cookies, candy, and crackers that were manageable on the playground were also used successfully.

Psychiatric technicians had to be agile as well as enthusiastic to stand on top of a climber with a cookie reward for a patient who slowly climbed up to get it. They learned to allow children to experiment in activities and on equipment. Procedures and checksheets became flexible so that a nonconformist would swing on his stomach or come down a slide on his stomach. It was discovered that gently pushing a child in a swing often enticed a nonswinger to try, so that he could reap a little of that ever-so-important special attention and praise.

Encouraging novices on a slide sometimes made them anxious; they were eager to get it over with and would want to go down without looking. Therapists had to be on their supervisory toes to prevent two or more children from colliding. Good supervision was a key to success, since taking turns and watching out for others was difficult for these youngsters to remember, even when they knew the skills.

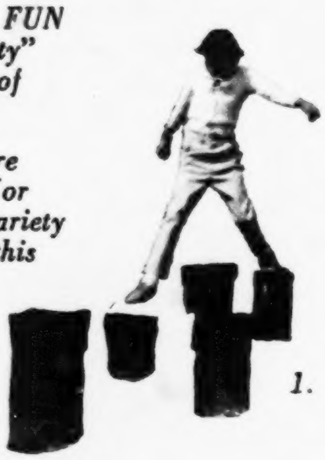
We assumed that technicians would soon be able to conduct activities on their own, and to an extent this was true. However, certain activities required the supervision of more than one person, so it was necessary for recreation therapists to be readily available to help and consult. Originally, only the most skilled recreation therapists were assigned to the project; with time, we found that sensitive college students could serve very capably as activity therapists.

Observations and data show that a much higher percentage of children now use facilities and equipment away from their wards. They are more alert to their environment, make voluntary use of various pieces of playground equipment, and are more interested in playing with their peers. Skills learned on the playground are being used in other situations, as in the canteen, where steps have been negotiated with little employee assistance. Patients now enjoy unfenced lawn areas under big shade trees. Stepping on and off the tram by themselves is important, since a ride back to the ward on the tram is even more fun after climbing and swinging at Kiddyland Park. The program has been successful.

HOMEMADE CONFIDENCE COURSE

Children at Western Carolina Center, Morgantown, North Carolina (Max Hemphill, director of recreation) are shown enjoying a variety of homemade devices which promote vigorous physical activity and *fun* by means of a *confidence course.*

1. *Balance, agility, concentration, and FUN are stimulated by walking the "shorty" telephone poles covered with pieces of automobile inner tubes.*
2. *Balance, concentration, and FUN are involved in using old telephone poles (or fallen trees) as balance beams. A variety of activities can be introduced on this simple and inexpensive beam.*
3. *Strength, endurance, agility, coordination, and FUN can be enjoyed by boys and girls alike on an inexpensive and homemade horizontal ladder. Different patterns of movement add challenge and zest to this apparatus.*
4. *Balance, agility, concentration, and FUN are part and parcel of the "sinking tires" (automobile tires sunk in concrete). No two tires have the same resiliency, so the child must make rapid body adjustments as he moves from one tire to the next.*
5. *Strength, endurance, courage, and FUN are had by all on this merry-go-round. Variations can be added by having the individual swing in different patterns and try to dodge objects or kick them over.*



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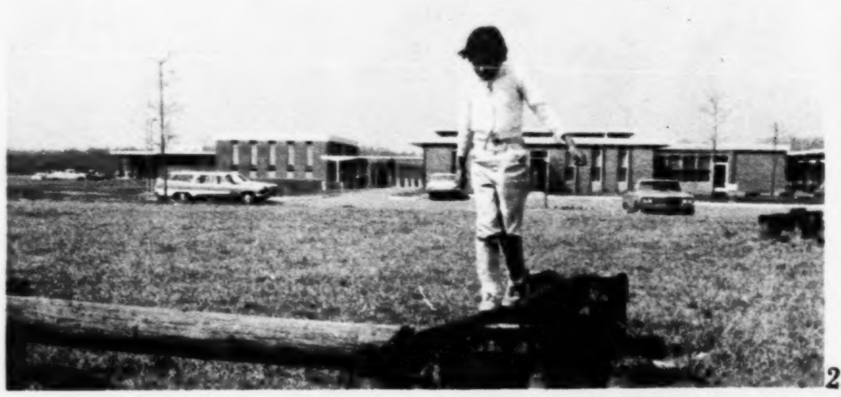

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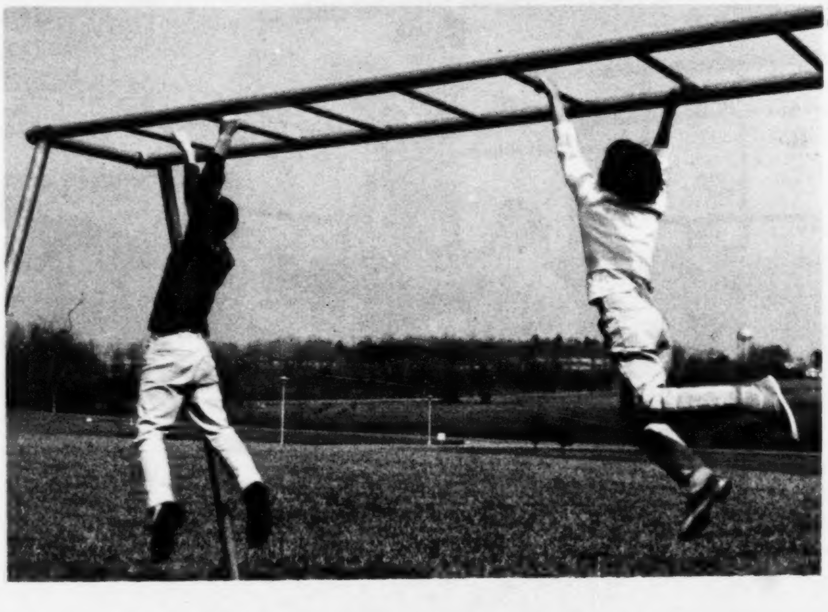

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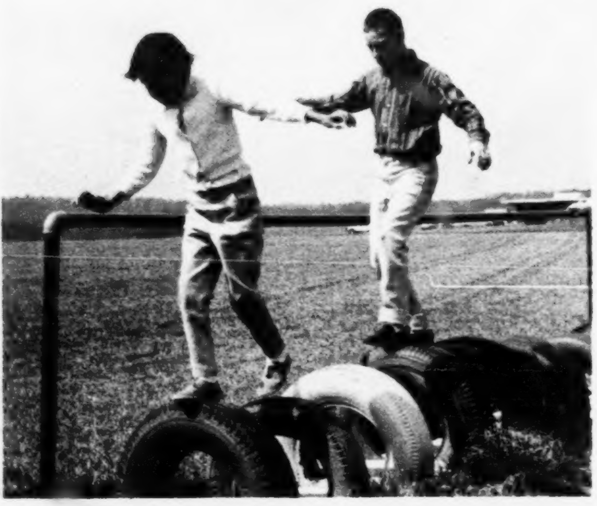

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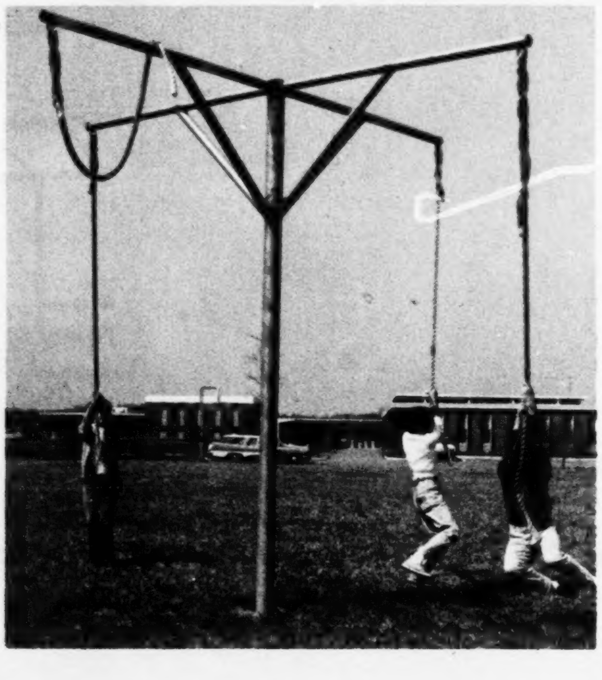


5.

More than 600 mentally and physically handicapped children come to the University of New Mexico campus every week to clamber over, under, through, around, in, out, up, and down special criss-crosses and curves of steel. The kids love the collection of green and grey steel shapes which make up this special playground. Researchers specializing in rehabilitation of the mentally retarded and physically handicapped learn invaluable information by watching.

Frank Papcsy, associate professor of physical education and special education and director of therapeutic programs at UNM believes that handicapped children rarely get opportunities for the physical and social training offered by a playground. He indicated, "In regular schools they must compete with so-called normal children; it's unequal competition. The retarded child is either too shy or lacks the skill to compete. What we hope to do with this playground is offer necessary social and physical training for retarded children and observe what kinds of equipment best suit the needs of the retarded and other handicapped."

OVER AND UNDER – UP AND DOWN –

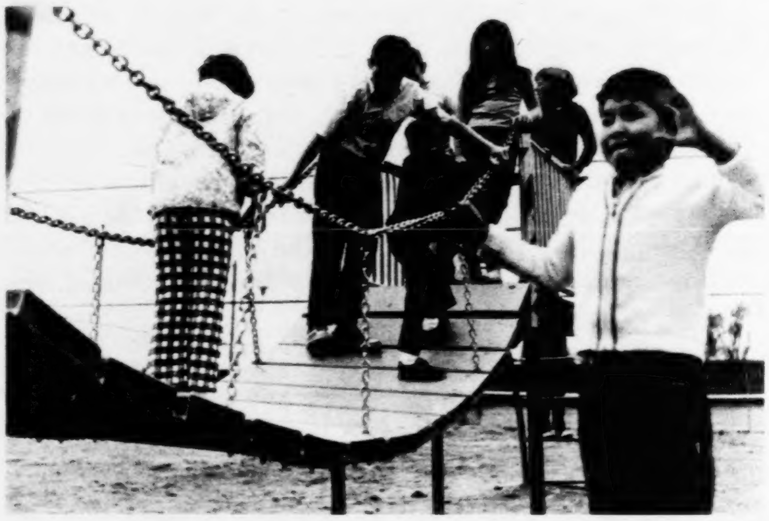
Included on the playground is a progression of climbing, high bar with alternating rings. A child can climb, hand and foot, to the top and down again. From there he goes on to more complex equipment. An outdoor gymnasium combines the traditional jungle gym, horizontal bars for hand-over-hand climbing or, for the braver, balancing, and a variety of strength and coordination opportunities.

One of the devices is a twenty-foot long bridge with two starting points. The less aggressive and uncertain child will chose to walk up five traditional steps to the beginning of the bridge proper. He holds on to the chains on each side of the bridge for balance. The bridge itself has separate wooden boards connected by rope so that the bridge sways as a child walks across. The more adventurous child starts his walk by climbing up a series of curved bars and approaches the swaying bridge from a steep angle. It looks easy—until you try it!

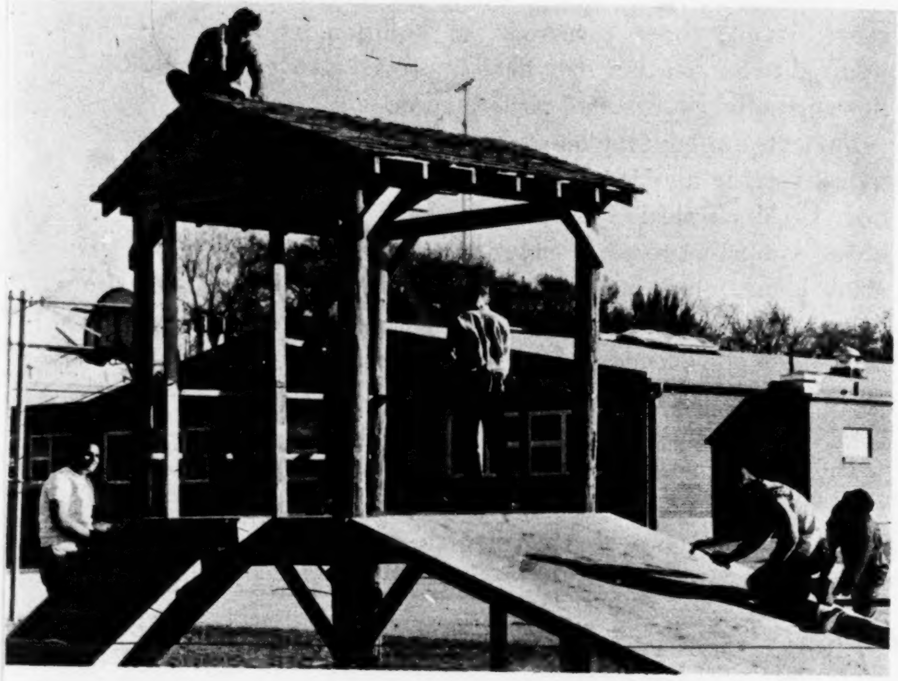
Children from UNM's Saturday morning mentally retarded motor skill training class, the daily university course for children with learning disabilities, and kids from Manzanita Center use the playground with members of Papcsy's staff and graduate students supervising and taking research notes. The kids are turned loose on the playground without any prior training. Notes are made about the equipment they use and how they use it. Intensive training in motor skills is then given. After this the children return to the playground and are again observed to see what equipment they use and how they use it, and to determine why changes in usage, if any, have occurred. In addition, children are watched to see whether they have improved peer group relationships after playground participation.

Students are building more specialized kinds of equipment to test specific muscles and types of coordination. In addition, UNM physical education majors are repainting much of the equipment to see whether color influences usage. "So many factors enter into the handicapped child's life that we cannot ignore anything," Dr. Papcsy says. "If color, location on the playground, height, or complexity have any effect on equipment use and subsequent physical and social development of the child, we want to know about it."

Dr. Papcsy and his staff haven't compiled all of their results yet because the research is a continuing project. But one thing's for sure—that playground is a nice place to be around mid-mornings!



IN AND OUT



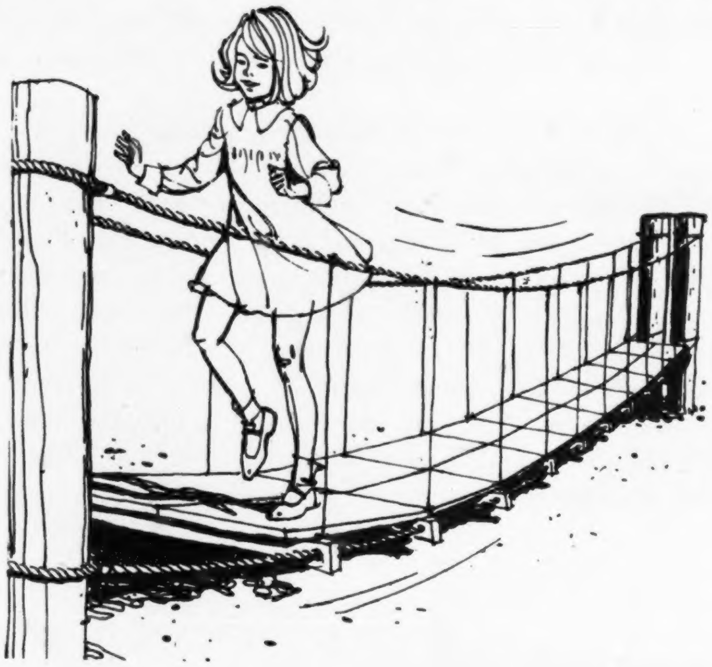
SWINGING BRIDGE

Robert E. Johnson, Director, Project Action
Blue Grass Association for Retarded Children, Lexington, Ky.

Presenting still another approach to the balance problem, the swinging bridge is a piece of impovised equipment designed for developing balance. To keep side-to-side swinging to a minimum, one must place one foot directly in front of the other while crossing the bridge. The more one deviates from a straightforward smooth movement in walking or running across the bridge, the more it swings and sways. In traversing this moving medium, the child is confronted with essentially the same type of problem as he would face on a moving bus or train, and must make the same kind of adjustments as he would have to make under those circumstances.

A sequence that progressively challenges the individual is (1) walking, holding onto the handrail; (2) walking, without the handrail; (3) walking with arms folded across the chest; (4) walking backward in the same progression as listed in *1-3;* and (5) running across the bridge in the same progression as listed in *1-3.*

A tapered balance beam, wide at one end and narrow at the other, is attached to the bridge, thus providing the opportunity for tackling more complex and complicated balance problems: standing at various points on the beam while the instructor swings the bridge, walking on the beam, and walking on the beam while the bridge is swinging or swaying.



V. LEADERSHIP

SURVEY OF SPECIALISTS

The staff of the Project on Recreation and Fitness for the Mentally Retarded recently conducted a survey of 100 health, physical education, and recreation specialists currently working in the field with the mentally retarded, in order to determine how each one of these people would train someone to assume his job. Results and trends indicated on the basis of 69 responses from personnel with from three to 15 years of experience suggested that instructors must possess the following personal qualities:

1. Patience and empathy.
2. Acceptance, understanding, and appreciation of the retarded as individuals of worth and dignity who can progress, succeed, and achieve.
3. A strong commitment to health, physical education, and recreation as integral parts of the total educative process
4. An open mind, with no preconceived ideas of what the retarded can or cannot do.
5. A sense of humor.
6. Analytical ability.
7. Ingenuity, resourcefulness, creativity, innovativeness.

Observations on professional considerations emphasized that instructors must have the best possible background to ensure that they are skilled and competent in their professional capacity and are sufficiently knowledgeable in regard to retardation and the mentally retarded to be able to make necessary program adjustments to meet different needs.

Responses suggested that approaches for dealing with the mentally retarded have been too generic; the fallacy of using IQ as a single criterion for diagnosing retardation was mentioned often and listed as a detriment to programing. Teachers must recognize that even though individuals are academically retarded, many are able and have the potential to do exceedingly well in other areas. Health, physical education, and recreation are important devices in educating and training all children. To achieve this end, undergraduate preparation must focus on developing an understanding of children, as well as of activities. Courses in child growth and development, guidance and counseling, motor development, and diagnosis and prescription for motor problems are imperative for physical education major students.

EDUCATION ON WHEELS

A Mobile Recreation and Physical Education Unit, made possible by a federal grant and sponsored by the Kentucky Association for Retarded Children, now serves Kentucky. A specially equipped van was purchased in June 1969 with funds donated from WHAS-TV Crusade for Children. The Mobile Unit will attempt to apprise parents, special education teachers, physical educators, recreation personnel, and selected individuals of new ideas, successful methods, promising practices, and more effective measures to use in physical education and recreation programs for the mentally retarded.

Specific objectives of the Mobile Unit are to:

- Disseminate information for persons concerned with planning and implementing physical education and recreation programs for the mentally retarded.
- Provide training sessions, workshops, and seminars to help professional and nonprofessional personnel working with the mentally retarded become more proficient and competent in carrying on beneficial programs.
- Provide media for exchange of program ideas, approaches, and concepts in the areas of concern.
- Establish lines of communication between professional and lay persons concerning these programs, their values, and their execution.
- Interest young people in physical education and recreation programs for the mentally retarded as possible career choices.
- Stimulate interest and aid communities in establishing physical education and recreation programs for the mentally retarded by working with community groups, civic clubs, service groups, and city and county governmental agencies and officials.

Several successful workshops have already been conducted by the Mobile Unit staff; information and materials are being collected and distributed and a state-wide survey of programs is being planned.

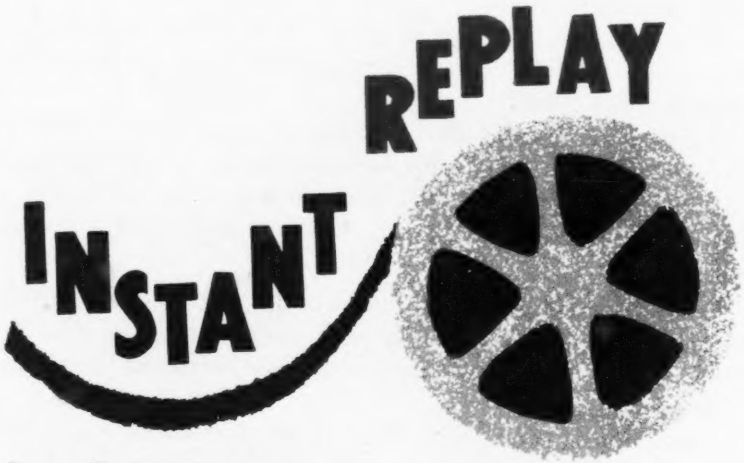
Information about this operation can be obtained from William A. Walters, Director, Mobile Unit, Kentucky Association for Retarded Children, R.R. 3, Highway 421 East, Frankfort, Kentucky 40601.

CONSIDERATIONS FOR WORKSHOPS

Included in "The Status of Developmental and Adapted Physical Education in the New Jersey Public and Private School Systems," by Thomas M. Vodola and Alfred Daniel, are the following considerations for demonstrations and workshops:

1. Lectures by experts in the field.
2. Lists of schools, residential facilities, and other agencies having programs for visitation.
3. How to schedule classes.
4. Special certification requirements necessary to teach developmental and adapted physical education.
5. Liability risks involved in teaching developmental and adapted physical education.
6. Conducting programs with limited facilities, budgets, and equipment.
7. Evaluative instruments and procedures to identify and classify students for developmental and adapted programs.
8. Need, desirability, and feasibility for state laws mandating developmental and adapted physical education for students who cannot safely or suc-

cessfully take part in the unrestricted activities of the regular physical education program.
9. Role of the school nurse in the program.
10. Equipment, supplies, and facilities needed for conducting these programs.
11. Relationships of physicians, teachers, and others directly or indirectly involved in the program.
12. Federal and state funds available for various aspects of these programs.
13. Criteria to determine need and justification for these programs.
14. Public relations approaches and ways of presenting the program to the community and lay public.
15. Utilization of present staff members to initiate and maintain these programs.
16. Extension courses needed during the summer months for personnel.



INSTANT REPLAY

JAMES T. AUSTIN
EXECUTIVE DIRECTOR
JOHNNY APPLESEED SCHOOL AND TRAINING CENTER
FORT WAYNE, INDIANA

Mentally handicapped children and adults and their teachers need visual means of determining their progress, be it in teaching or learning. Such reinforcement is being provided by videotape recording at the Johnny Appleseed School and Training Center in Fort Wayne, Indiana.

Videotape recording, the familiar instant replay of television sportscasts, helps mentally retarded students progress more quickly in classroom work and in job training so they might realize their goal of becoming responsible members of the community. The review of videotapes also has made the teachers at the Center more effective in their classroom presentations.

Videotaping a teacher or student provides an opportunity for that person to see himself as others see him. With mentally retarded young persons, this creates new recognition and shows them their progress. Sometimes the mentally retarded lose enthusiasm because they believe they are not making headway. A videotape of past and present performances is visual proof of their achievements.

Videotape recording has helped stimulate creative teaching far more than the typical method of a principal observing a teacher in a classroom and then conferring with him. A human being necessarily is subjective in his analysis, but videotape is completely impartial. Videotape has the ability to replay a recording as many times as needed, or to stop the action for review of a particular sequence. Teachers and supervisors have established more meaningful communications than ever anticipated.

Parents of students at the Center also are enthusiastic about videotape recording as a regular part of parent-teacher conferences. Most parents say they have a new and more realistic perspective of their child's abilities after seeing his performance on videotape. Teachers report it is easier to talk with parents. A spirit of cooperation, augmented by videotape, is bringing the home and school closer together.

Established teachers have an opportunity to improve their skills by recording a class session and viewing the playback after school or during a free period. Teachers and students ignore the recording equipment after the first few minutes of a recording session. A kitchen timer is set to ring after 50 minutes of recording and the teacher turns off the Videotrainer and caps the camera lens. During the class break the unit is moved to another location.

To overcome the initial apprehension a few teachers expressed about having their teaching performance recorded, they were given the opportunity to view videotape recordings by themselves for the first two months of the program. This procedure has enabled the staff to become comfortable with the videotape recording process and they now view the system as a teaching-learning tool rather than an administrative "big brother."

Although the Appleseed Center has been using the Videotrainer for less than a year, its personnel continue to discover new applications which were not part of the original plan. The results achieved with videotape recording have been impressive, proving it to be one of the most effective teaching tools yet developed for use with mentally handicapped children and young adults.

EDITOR'S NOTE: Some use has been made of videotape recording, instant replay, and immediate feedback in physical education and recreation programs for the retarded; a few research projects have been conducted. Although such approaches and procedures have been used widely in competitive athletics and their value demonstrated in programs for the retarded, too few are capitalizing on this potent ally in making these programs more meaningful, practical, and successful for the retarded.

VI. BOOKS & PERIODICALS

Challenge BOOKS

David R. Ginglend and **Winifred Stiles**. *Music Activities for Retarded Children: A Handbook for Teachers and Parents.* Nashville, Tennessee: Abingdon Press, 1965.

Discusses the importance of music in the learning of the mentally retarded. Specific song material and simple folk dances, along with practical hints, are listed in detail. Instructions for using the record player, autoharp, and percussion instruments are included. Sources are given for printed materials and instruments usable in the program.

Janet Pomeroy. *Recreation for the Physically Handicapped.* New York: Macmillan Co., 1964.

Comprehensive treatment dealing with how the private agency or community can begin a recreation program for the handicapped. Qualifications and duties of leaders in the program, public relations, program planning, transportation, facilities and equipment are all thoroughly treated. Individual chapters deal with program activities, including music, dance, arts and crafts, games and sports. Particular emphasis is given to adaptations of activities for the handicapped. Bibliographies are given by topic.

Recreation for the Mentally Retarded: A Handbook for Ward Personnel. Atlanta, Georgia: Southern Regional Education Board (130 Sixth Street, N.W.), 1964.

Developed as part of the Attendant Training Project, this handbook includes sections dealing with the philosophy and theory of recreation for the mentally retarded, the role of the attendant in providing recreation, and selection of activities best suited for the retarded. There are descriptions of a variety of active games, music and rhythms, quiet and table games, arts and crafts, and homemade games and equipment. Space is provided for coding and indexing activities according to the individual's charges.

Ferris Robbins and **Jennet Robbins**. *Educational Rhythmics for Mentally Handicapped Children.* New York: Horizon Press, 1965.

This presents the approach of a group in Switzerland for using fundamental rhythms in dealing with the retarded. The program utilizes music, words, pictures, and movements to achieve the goal of total child development. The book is well illustrated and explanations of the various movements are well presented. Many exercises are given in two or three versions, for the severely retarded, intermediate, and more advanced. Activities are progressive in moving from the simple to the more difficult. In general, activities are of the type known as movement exploration in this country.

Ernie Davis. *The Ernie Davis Lesson Plans Book.* St. Paul, Minnesota: Smyth Co., Inc., 1965.

Ernie Davis of Crowley School in St. Paul, Minnesota, is nationally known for his success in teaching basic physical education and recreation skills to mentally retarded youngsters. This book includes 30 clearly defined and illustrated lesson plans to teach basic motor skills, tumbling and stunts (individual, partner, and group), games, relays, and to conduct physical fitness tests. Each lesson plan lists such factors as equipment needed, area necessary, level of instruction, new vocabulary required, enrichment activities, evaluation suggestions, supplementary activities, safety precautions, and practical comments from the author's wealth of knowledge and experience. Space is provided for the teacher to make his own notations about each lesson. This book enables teachers to teach so that retarded youngsters can understand and learn—and gain important measures of confidence and recognition.

William C. McNeice and **Kenneth R. Benson**. *Crafts for the Retarded: Through Their Hands They Shall Learn.* Bloomington, Illinois: McKnight and McKnight Publishing Co., 1964.

Written primarily for teachers, parents, and others working with those who have less potential than average, this is an excellent resource which provides practical, sequential, and creative arts and crafts projects for the retarded. The projects are coded to indicate the use of small or large muscles, the degree of difficulty, and the required time for completion of the project. There are sections on the use of common tools and selection of materials for use in the program.

Alden S. Gilmore, **Thomas A. Rich**, and **Charles F. Williams**. *Mental Retardation: A Programmed Manual for Volunteer Workers.* Tampa, Florida: MacDonald Training Center Foundation (Research Division), 1965.

This volume was written for those who have need for orientation and background information to prepare them for their task of conducting programs for the retarded. The information presented is basic and makes no attempt to train volunteer and other workers for specific tasks. The authors have provided materials which will increase understanding of the limitations and, more importantly, the potentials of the retarded. Completely programed, the manual includes sections on mental retardation, education of the retarded, behavior of the retarded, physical ability of the retarded, recreation for the retarded, family relations, brain damage, speech and hearing, health, and rehabilitation. Each of the basic sections has several subsections that deal with a variety of pertinent topics, all important to those involved in physical education or recreation programs for the retarded.

Challenge BOOKS

Financial Assistance Programs in Mental Retardation of the Department of Health, Education, and Welfare. Washington, D.C.; Superintendent of Documents, U.S. Government Printing Office. 25c.

Information about service grants, research and demonstration grants, training grants, construction grants, income maintenance programs, and other assistance programs available through the Department of HEW. The Department provides consultation, technical assistance, information, and other services related to the financial assistance programs through the central offices of the Department and the Regional Offices, which are included in an Appendix.

Gerard J. Bensberg, editor. *Teaching the Mentally Retarded: A Handbook for Ward Personnel.* Atlanta, Georgia, Southern Regional Education Board (130 Sixth St., N.W.), 1965. $1.75.

Presents principles and methods for teaching the retarded the various skills and information required for them to be as independent as possible. Emphasis is placed upon training of the young and the severely and profoundly retarded, since the manual is especially designed for attendants in residential facilities for the mentally retarded. Section 1 presents general background information on developmental characteristics and general principles for teaching and encouraging the development of social, motor, and language skills. Section 2 presents principles and detailed lesson plans for teaching by positive reinforcement or reward. Appendixes give additional information about training programs plus a glossary and list of resource materials.

Physical Education Curriculum for the Mentally Retarded. Milwaukee, Wisconsin: Cardinal Stritch College, 1962. $3.00.

Developed by the Sisters of St. Francis of Assisi, St. Coletta Schools, this curriculum presents a sequential development specifically designed for children with mental handicaps. Goals, rhythmic response, group games, and physical fitness exercises are specified for several different levels, ranging from MA 3 to MA 12.

Elliott M. Avedon and **Frances B. Arje**. *Socio-Recreative Programming for the Retarded: A Handbook for Sponsoring Groups.* New York: Bureau of Publications (Teacher's College, Columbia University), 1964. $1.50.

Emphasis is upon developing a rationale and procedure for organizations and groups of all types to develop recreation programs for the retarded. Informative chapters deal with ways and means of sparking community action along with models for such programing. Sections listing source materials, including consultation and related sources, selected bibliographical materials, and sample forms, are helpful and valuable to the administrator, supervisor, and professional worker involved in the program.

Robbins, Ferris, and **Robbins, Jennet**. *Supplement to Educational Rhythmics for Mentally and Physically Handicapped Children.* Zurich, Switzerland: Ra-Verlag, Rapperswil, 1966.

The exercises with educational themes and ideas contained in this supplement are a continuation of the original book *Educational Rhythmics for Mentally Handicapped Children.* Motor action and coordinated movement, accompanied by music, the spoken word, vision, touch, and the natural sense of imitation, are discussed fully. Each movement given has a special significance and the strong influence of music is fully used. Emphasis is given to the psychological, mental, and social growth of the child as he develops physically.

Note: *The following three books are not new but are of special interest to those working with the mentally retarded.*

Carlson, Bernice Wells, and **Ginglend, David R.** *Play Activities for the Retarded Child.* Nashville, Tennessee: Abingdon Press, 1961.

A guide for parents and teachers, the experienced or the inexperienced in conducting play and recreational activities for the retarded. Sections include specific play activities in these categories: games; crafts; musical, informal, and imaginative play. The needs and special problems of the retarded are discussed. Activities are also classified on the basis of developmental areas—mental health, social, physical, language, and intellectual.

Kephart, Newell C. *The Slow Learner in the Classroom.* Columbus, Ohio: Charles F. Merrill Books, Inc., 1960.

Two chapters in this established reference ("Motor Bases of Achievement" and "Sensory Motor Training") are of particular interest. The first deals with the muscular basis of behavior, posture, laterality, directionality, and body image. The other deals with specific activities (walking board, balance board, trampoline, stunts, games, and rhythms). There is a good section on testing sensory-motor ability. Emphasis throughout is upon the integrated (sensory-perceptual-motor) function of the individual.

Schlotter, Bertha, and **Svendsen, Margaret.** *An Experiment in Recreation with the Mentally Retarded* (Revised Edition). Springfield: Illinois Department of Public Welfare, 1951.

This describes an experiment in recreation programing at the Lincoln State School and Colony (Illinois). Detailed analysis and discussion are given to organization of the program, participants' responses to activities, play equipment and facilities used. Activities are indexed in five ways—alphabetical, complexity, motor activity, equipment, and social interaction. Much emphasis is placed upon the importance of mental age in selecting activities for the recreation program for the retarded. Despite its age, this book is recommended highly.

Eugene G. Roach and **Newell C. Kephart**. *The Purdue Perceptual-Motor Survey.* Columbus, Ohio: Charles E. Merrill Books, Inc., 1966.

This work is written for the practitioner. The early recognition of probable academic difficulty is an educator's goal, and the main purpose of this manual is to provide the teacher with a tool which can be used to identify those children who do not possess perceptual-motor abilities necessary for acquiring academic skills by the usual instructional methods.

The Perceptual-Motor Survey is not a test. It is a survey which allows the practitioner to observe a broad spectrum of behavior within a structured, but not stereotyped, set of circumstances. In addition to specific sections dealing with the administration and scoring of each of the survey tasks, suggestions are given for recording and applying the information so that it can be used in meeting the needs of the individual child. Other sections deal with the rationale and development of the survey and standardization statistics in determining validity.

Mental Retardation Abstracts. National Clearinghouse for Mental Health Information, National Institute of Mental Health, Bethesda, Maryland. (Orders from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.).

This is a quarterly publication designed to foster and support laboratory and clinical research into the nature and causes of mental disorders and methods of treatment and prevention. Specifically, the service is intended to meet the needs of investigators and other workers in the field of mental retardation for rapid and comprehensive information about new developments and research results and to foster maximum effective utilization of these results. Sections deal with physical education, recreation, and camping for the retarded.

NATALIE PERRY. *Teaching the Mentally Retarded Child.* New York: Columbia University Press, 1960.

This book discusses the problem of home, school, and community coordination in encouraging self-expression and self-care in severely mentally retarded or trainable children. A realistic picture of the kinds of school programs which can be offered to these children is new. Included are sample charts for evaluating pupils, the names of manufacturers and distributors of toys and games that have been used successfully, typical school schedules, and specific suggestions for making everything from a paper lantern to a coat rack. Specific chapters deal with physical development of the retarded, music activities, crafts, and physical activities which are classified according to beginner, intermediate, and advanced levels. The value of this book lies in the great variety of suggestions offered to the teacher, parent, recreation worker, and volunteer.

HENRY GLASS. *Exploring Movement.* Freeport, Long Island, New York: Educational Activities, Inc., 1966.

LAYNE C. HACKETT and ROBERT G. JENSON. *A Guide to Movement Exploration.* Palo Alto, California: Peek Publications, 1966.

Movement exploration has been shown to be an effective way to introduce basic motor skills to the mentally retarded. It generates enthusiasm among children, provides continuous activity for all the group, allows each to progress at his own rate in a noncompetitive, exhilarating learning situation that permits individual experimentation and serves as a means of teaching many other concepts, precepts, and facts. Movement often takes the place of verbal communication, serving as a link between the physical and mental. Movement involves opportunities to explore space, direction, shape, quality, and intensity. The strength and versatility developed in movement exploration give movement form, character, and efficiency. Movement exploration is more than doing something—it is doing something that comes from the inside of the participant.

Both of these publications, although not designed specifically for the retarded, are practical guides for the teacher, parent, or volunteer working with retarded children.

EVELYN LOEWENDAHL. *Exercises for the Mentally Retarded: How To Develop Physical Functions in the Growing Child.* Croft, Inc. (100 Park Avenue, Swarthmore, Pennsylvania), 1967.

The basic principles in interpreting physical levels of motor growth and development in the mentally retarded child are described. Each of five developmental levels shows the skeletal and nerve muscle growth desirable for each year of growth from three to sixteen years, and describes some of the exercises and physical activities recommended to attain these objectives. Illustrations of each exercise (52 in all) make this book useful to the classroom teacher, volunteer, and parent as well as to the physical education specialist and therapist.

Recommended Reading

"Working With Mentally Retarded Children: These Teens Learned What Love Really Means," *Ingenue*, November 1967, pp. 62 ff.

DAVIS, ERNEST, and RICKERT, DEVOE, "A Camping Experience for Mentally Retarded Youngsters," *USU Special Educator* (Special Education Programs, Utah State University, Logan), III, No. 1 (Fall 1967), 23-31.

FOSTER, ROBERT E., "Swimming Activity Opens a New World for Retarded Youths," *Swimming Pool Age*, September 1967, pp. 22-24.

KELLER, FRANKLIN J., "Scouting for the Mentally Retarded," *Scouting*, LV, No. 9 (November 1967), 25, 36.

CRENSHAW, WILLIAM A., "Gymnastics for the Mentally Retarded," *TAPHER Journal*, XXXVI, No. 1 (October 1967), 4, 51.

BROWN, JOE, "Comparative Performance of Trainable Mentally Retarded on the Kraus-Weber Test," *Research Quarterly*, XXXVIII, No. 3 (October 1967), 348-54.

BLATT, BURTON, and MANGEL, CHARLES, "The Tragedy and Hope of Retarded Children," *Look*, XXXI, No. 22 (October 31, 1967), 97-103.

Challenge BOOKS

Sol Gordon and **Risa S. Golub**. *Recreation and Socialization for the Brain Injured Child.* New Jersey Association for Brain Injured Children, Central Jersey Section (61 Lincoln Street, East Orange, New Jersey), 1966.

This book is for parents and specialists who are planning and organizing therapeutically oriented recreational and socialization programs for brain injured children. The brain injured child exhibits intellectual competence or adequacy in certain areas and incompetence or retardation in others. Outstanding specialists have written individual chapters dealing with a variety of recreational and socialization activities for the brain injured, e.g., organization and administration, guide to activities, games and exercises for adolescent boys and girls, swimming, summer day camps, perceptual-motor training programs, guidance for parents, and counseling the parent of the brain injured child. Emphasis is given to the individuality of the child—relating the program to the individual so that each has a better chance for success. The activities and ideas expounded are approached as a starting point or point of departure for the reader, who is encouraged to inject his own original ideas and methods. The basic philosophy stresses development of special programs that are designed to prepare handicapped children to enter the mainstream of life, at most, or to have some rewarding experiences of play, learning, and socialization, at least.

Barbara B. Godfrey and **Margaret M. Thompson**. *Movement Pattern Checklist.* Kelly Press, Inc. (Available from the authors at 709 Missouri Avenue, University of Missouri, Columbia, for 75¢ each, 6 copies for $4.), 1966.

These checklists have been devised for evaluating a number of the basic movement patterns, e.g., walking, running, jumping, hopping, skipping, sliding, crawling, climbing, throwing, catching, hitting, kicking, pushing, pulling, etc. The checklists can be used as they are or adapted to the needs of a particular situation. They are adaptable for use on file cards (4″ by 6″) or on paper for insertion in a record folder. Included are a Movement Profile Sheet for summarizing the information from the checklists and a Movement Pattern Checklist (short form) for evaluating general elements and deviations of all patterns on a single sheet. Complete instructions and techniques for using the checklists are given. Evaluations based on "pattern elements present" and "deviations noted" should be of help to the classroom teacher, the special education teacher, the physical education teacher, the counselor, the clinician, the parent, and others involved with or interested in determination of an individual's movement pattern characteristics and problems.

Recommended Reading

Solomon, Amiel, and Pangle, Roy, "Demonstrating Physical Fitness Improvement in the EMR," *Exceptional Children*, November 1967, pp. 177-181.

Coleman, Eleanor, "Horizons for the Handicapped," *Florida Journal of Health, Physical Education, and Recreation*, Vol. 5, No. 2 (November 1967).

Frank, Gretchan, "Cammie," *Reader's Digest*, January 1968, pp. 209-212.

Physical Activities for the Mentally Retarded: Ideas for Instruction. Washington, D.C.: American Association for Health, Physical Education, and Recreation, 1968 (245-07952. $2.00).

This publication is a practical answer to the cry for help which is resounding nationally from those responsible for physical education and recreation programs for the mentally retarded. The contents are limited to activities promoting fundamental motor development and the exploration of three general areas of skill: (1) net, racket, and paddle activities; (2) rolling, pushing, throwing, and catching activities; and (3) striking and kicking activities. It was felt that these are the areas which afford the greatest opportunity for the development of skills basic to success in the majority of sports. Although this publication is concerned with these skill areas, the values of other worthwhile sports and recreational activities have not been minimized.

Physical education instructors of the mentally retarded, classroom teachers, parents, recreation personnel, volunteers, and those involved in teacher preparation will find it valuable and useful. The handbook is a joint effort of two AAHPER special projects—the Project on Recreation and Fitness for the Mentally Retarded and the Lifetime Sports Education Project.

Guide for Programs in Physical Education and Recreation for the Mentally Retarded. Washington, D.C.: American Association for Health, Physical Education, and Recreation, 1968 (245-07944, $1.00).

Developed to provide guidelines and suggestions for personnel responsible for initiating programs, as well as for those responsible for evaluating and expanding current programs in physical education and/or recreation for the mentally retarded, this guide contains sections dealing with the following: suggested activity areas such as physical fitness, motor ability, sports skills, special events, and recreation; evaluation, including an annotated listing of perceptual-motor, physical fitness, and motor ability tests appropriate for the mentally retarded; motivation—award systems; facilities, equipment, and supplies; medical examinations; in-service education and training; volunteers; parents and the program; public relations and information. A suggested self-evaluation procedure and format are included.

Programing for the Mentally Retarded in Physical Education and Recreation. Washington, D.C.: American Association for Health, Physical Education, and Recreation, 1968 (245-07942, $3.00).

This is the report of a recent national conference on programing in physical education and recreation for the mentally retarded. Topics covered include recreation and day care for the mentally retarded; a community recreation team approach to programing; play facilities

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and equipment; financial assistance from the federal government; the role of motor activities in programs for the retarded; recreation programing for the adult retardate; and programs for the severely and profoundly retarded. Health and safety problems of the mentally retarded—including general health and sex education—are also covered. Group and special interest discussions reported on are mainly concerned with the diagnosis, evaluation, and placement of the mentally retarded; basic needs and considerations in professional preparation at both the undergraduate and graduate levels; pertinent research; program materials, including activities and methods; and programing for the trainable retarded.

These three AAHPER publications may be obtained from NEA Publications-Sales, 1201 Sixteenth Street, N.W., Washington, D.C. 20036.

JACQUELINE ENTHOVEN. *Stitchery for Children: A Manual for Teachers, Parents and Children.* New York: Reinhold Book Corporation, 1968.

Stitchery is proving to be so valuable in developing creativity in children that more and more teachers, instructors, and mothers want to know how to teach this skill. Written to meet this need, this book answers such questions as how to start, what materials to use, what can be expected of school grade. One section which is devoted to children with special problems, including the mentally retarded, will be of great help whatever the child's age or difficulty and represents a major new contribution in this field. The explanations are all designed to be easily understood by children and there are over 200 stitch diagrams and 175 photographs, most of which show children's work. Simplified ways of working traditional stitches are given, along with a new, simple method for transferring designs, as well as a foolproof way for children to thread and anchor the needle.

THOMAS A. EDSON. *Tumbling and Roll Progression for Neurologically Handicapped Children.* Santa Ana, California: Pioneer Press, 1968.

This booklet provides balance and roll progressions in tumbling for children who have learning impairment problems or are neurologically handicapped in one degree or another (i.e., cerebral palsy with minimum involvement, epileptic, withdrawn or autistic, hyperactive or lacking motor coordination and balance). It is designed to be an aid to physical therapists in schools for the physically handicapped and in schools for the educable and trainable mentally retarded. Many different progressions are included, with suggestions for evaluating progress and proficiency. The program may be used by volunteers or parents, as well as by those professionally trained.

BERNICE WELLS CARLSON AND DAVID R. GINGLEND. *Recreation for Retarded Teenagers and Young Adults.* Nashville, Tennessee: Abingdon Press, 1968.

New avenues of recreation that will strengthen existing programs and stimulate new ones for making the lives of retarded teenagers and young adults meaningful as well as pleasant are suggested in this book, which summarizes basic social and physical needs of retardates at these age levels. Methods and techniques for meeting their needs through music, games, parties, sports, hobbies, and other recreational activities are outlined. Experiences and activities are listed for a variety of situations, which include special recreational programs, community projects, and recreation at home. This can serve as a resource book for all involved in recreation programs for the young person who is retarded, and can provide effective guidelines for establishing, organizing, and conducting programs which will bring the retarded into social situations where they can recognize themselves as individuals who can and should experience zest in living.

NORMA CANNER. "*. . . and a time to dance.*" Boston: Beacon Press, 1968. (An article based on this book appears in *Today's Health,* July 1968, Vol. 46, No. 7.)

A camera has skillfully captured the author, in 125 sensitive photographs recording her work with children and teachers, in the development of simple, spontaneous, creative movement, designed to unlock the personalities and evoke the capabilities of retarded children. This is more than an inspiring book; its aim is to give concerned adults the closest possible approximation, on the printed page, of the experience of participating in one of Miss Canner's workshops.

Recommended Reading

BROWN, JOE. "The Effect of a Physical Education Program on the Muscular Fitness of Trainable Retarded Boys." *American Corrective Therapy Journal.* 22:80-81; May-June 1968.

DROWATZKY, JOHN N. "Effects of a Two-Week Residential Camp Program Upon Selected Skinfold Measures, Body Weight, and Physical Fitness of Trainable Mentally Retarded Children." *American Corrective Therapy Journal.* 22:87-88; May-June 1968.

POLLACK, JACK. "Homemade Toys to Tame Your Child." *Today's Health,* 46:26-31; July 1968.

DAVID R. GINGLEND. *The Expressive Arts for the Mentally Retarded.* New York: National Association for Retarded Children (420 Lexington Avenue), 1967.

A stated purpose of this publication is to stimulate thinking about the role of the expressive arts in educating and training the mentally retarded, and in broadening their interests and activities during their leisure time and in their recreational life. The expressive arts can be much more diversified and inclusive than has generally been considered, extending into many branches of individual interest. Areas included (i.e., art, arts and crafts, communication and language, dance, dramatics, and music) seem to be found in some form in most school and recreation programs.

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Ray H. Barsch. *Achieving Perceptual-Motor Efficiency.* Seattle, Washington: Special Child Publications (71 Columbia Street), 1967.

Methods are presented in this volume for organization of activities in the classroom, clinic, and the home, to enrich and improve the development of children, with particularly for to the child who has special problems in learning. Practical suggestions based upon principles of learning are offered to the teacher, therapist, clinician, and parent, to help the child achieve the highest possible level of perceptual-motor integration. Emphasis is placed upon the relationship between physical movement and cognitive proficiency. Experimental evidence for the validity of the perceptual-motor premise is discussed.

Bryant J. Cratty. *Movement Behavior and Motor Learning* (Second edition). Philadelphia: Lea & Febiger, 1967.

This represents another step in the attempt to bring together data relevant to the understanding of human movement, with particular reference to learning. It reflects the findings of more recent research and increasingly mature theoretical formulation. Chapters dealing with perception and the stated limitations on coverage should be of special interest to students in the field. The discussion of maturation, motivation, and stress in relation to movement should lead to a greater emphasis in the investigation of aspects of movement behavior. The broader coverage of movement behavior is enhanced by the chapter on communication through movement.

Recommended Reading

Brace, David K. "Physical Education and Recreation for Mentally Retarded Pupils in Public Schools." *Research Quarterly.* 39:779-782; October 1968.

Keogh, Jack F. "Incidence and Severity of Awkwardness Among Regular School Boys and Educationally Subnormal Boys." *Research Quarterly.* 39:806-808; October 1968.

Billowit, David S. "Specificity Versus Transfer of Training and its Implications." *American Corrective Therapy Journal.* 22:139-144; September-October 1968.

Loewendahl, Evelyn. "Exploring Basic Motor Activities in the Mentally Retarded." *American Corrective Therapy Journal.* 22:152-157; September-October 1968.

Jurcisin, George. "Dynamics of the Doman-Delacato Creeping-Crawling Technique for the Brain-Damaged Child." *American Corrective Therapy Journal.* 22:161-163; September-October 1968.

A Practical Guide for Teaching the Mentally Retarded to Swim. Washington, D. C.: American Association for Health, Physical Education, and Recreation, and Council for National Cooperation in Aquatics, 1969. 160 pp., #245-08078, $2.

Developed to help fill the gaps in instructional and recreational swimming programs for the mentally retarded, this guide is a composite of the ideas and experience of many individuals who have taught the mentally retarded to swim. It incorporates the successful, the practical, and the functional into a flexible and workable resource. A basic premise is that there is no single approach or sequence which will guarantee success for every instructor with every student. Thus the contents of the *Guide* are a point of departure for each instructor who will have to find the most appropriate methods, techniques, and progressions to reach the individuals and classes for which he is responsible. Although many activities, methods, and approaches included have been developed to meet specific needs and problems encountered in teaching the mentally retarded to swim, most are appropriate and applicable for nonretarded who function at comparable levels. The *Guide* has been designed for professionals and volunteers, for individuals with little or no background or experience with the mentally retarded, for those with minimal swimming and aquatic experience, and for personnel with little background in either area.

Bryant J. Cratty. *Motor Activity and the Education of Retardates.* Philadelphia: Lea & Febiger, 1969.

This volume provides practical programs of motor activity in its proper perspective when combined with other components of the education of the retarded, including speech, vocational training, and social skills. Discussions center on how motor activity programs may improve the retardate's total education by arousing and/or calming him for classroom adjustment; improving his ability in exercising self-control and attention; increasing his hand-eye coordination, motivation, self-concept, aspiration level, and choice-making ability; and providing rhythmic skills and activities to enhance mathematics, spelling, speech, and writing. A comprehensive bibliography and section for review of literature on theories and practices and suggested research areas in the field make the book a valuable reference for all concerned with physical and motor activity programs for the retarded.

Recommended Reading

Perceptual-Motor Foundations: A Multidisciplinary Concern. (Action programs for developing sensory and motor skills, personalizing early education, and providing developmental activities.) Washington, D. C.: American Association for Health, Physical Education, and Recreation, 1968. (160 pp., #245-08042, $3).

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Teacher's Arts and Crafts Workshop, P.O. Box 42, West Nyack, New York.

These handy portfolios of art projects are available once every month during the school year. Each includes art activities employing various media—crayon, chalk, charcoal, watercolor, tempera, and tissue paper—which gives youngsters an opportunity to create drawings, paintings, and simple sculptures of their very own. There are activities suitable for children of every age in the elementary grades; each challenges their powers of observation and interpretation while encouraging creative expression. Only simple and inexpensive materials are required, most of which the children can bring from home. While not designed expressly for the mentally retarded, the contents are appropriate for them and can be used in many ways to provide exciting and productive experiences.

William G. Bentley. *Indoor and Outdoor Games.* Palo Alto, California: Fearon Publishers, 1966.

This is a handy reference book for the teacher or recreation leader who is interested in games which are suitable for particular elementary grade levels. Games are grouped by grade level and are then subdivided into indoor and outdoor games. They are also categorized by type in the index. The activities listed have been personally tested and used by the author in various situations and each provides useful physical development or recreation experiences. The games included call for little or no equipment and may be played exactly as described or adapted and modified to suit the group with which they are to be used. Suggestions to prevent accidents are given when applicable. Developed for the regular elementary school grades, much of the content is quite appropriate for use in programs for the mentally retarded who are at comparable functional levels.

William T. Braley, Geraldine Konicki, and Catherine Leedy. *Daily Sensorimotor Training Activities: A Handbook for Teachers and Parents of Pre-School Children.* Freeport, Long Island, New York: Educational Activities, Inc., 1968.

This manual presents sensorimotor activities which are designed to be integrated with the curriculum and equipment used in preschool centers. Parents will find that many of the activities can be carried out easily in the home. The material is presented in such a way that the classroom teacher can follow a daily lesson plan of activities, with weekly comprehensive evaluations to check class progress during a 34-week training period. There are sections which present activities in these categories: body image; space and direction; balance; basic body movement; hearing discrimination; symmetrical activities; eye-hand coordination; eye-foot coordination; form perception; rhythm; large and fine muscle activities; and a games section. Activities and sequences are appropriate for children with various deficiencies—cerebral or neurological dysfunction, disadvantaged, severe emotional upset, and mentally retarded.

George A. Jervis (Editor). *Expanding Concepts in Mental Retardation.* Springfield, Illinois: Charles C Thomas, Publisher, 1968.

This is a collection of presentations made at the Third Bi-Annual Scientific Symposium on Mental Retardation sponsored by the Joseph P. Kennedy Jr. Foundation, in Boston, during April 1966. It provides a comprehensive account of several modern-day concepts in the study of causation of mental retardation and in the education and care of mentally retarded. The 44 contributors are eminently qualified people in the field. Papers were presented in each of the following areas: genetics of mental retardation; problems of neurogenesis; nutrition and the development of nervous systems; deprivation factors in mental retardation; biological basis of learning; operant techniques in mental retardation; rehabilitation in mental retardation; and physical performances of the mentally retarded. (The latter category includes "The Nature of Physical Performance in the Trainable Retarded"; "Physical Performance of Retarded Children: Diagnosis and Prescription"; "Recreation for the Severely Mentally Handicapped"; "The Factor Structure of Motor Abilities of Educable Mentally Retarded Children"; and "Current Status of Research on Physical Activity for the Retarded.")

Charles Nagel and Fredricka Moore. *Skill Development Through Games and Rhythmic Activities.* Palo Alto, California: The National Press, 1966.

Although this book was developed as a text for undergraduate courses in elementary school physical education, in colleges and universities, it will be invaluable in preparing anyone to teach skills and relate them to suitable activities. The material presented is especially useful to personnel directing the progression of skill development for various age groups. Definite skills are related to practice in these areas: goals and purposes for developing movement skills; ball skills; rhythm skills; advanced ball skills; team games; and dance skills for folk and social dance. The carefully worked-out progressions and many sequential illustrations make the contents quite appropriate for those who work with the mentally retarded in physical education or recreation programs.

Marylou Ebersole, Newell C. Kephart, and James B. Ebersole. *Steps to Achievement for the Slow Learner.* Columbus, Ohio: Charles E. Merrill Publishing Co., 1968.

Focusing on the early training of the child with brain dysfunction, this book shows how the child may be led through the ascending levels of motor learning, perceptual learning, and conceptual learning. It emphasizes how this may be achieved—through specific, practical, positive activities to guide the handicapped child. The book contains both theory and curriculum material for dealing with the dysfunctional slow learner. It emphasizes the child's need for a point of reference—himself—to orient himself in space and time. The book includes hand-arm activities (classroom exercises to help the child coordinate his extremities); activities to improve eye-hand coordination, motivation, and bimanual participation; and pre-reading, pre-writing, and pre-arithmetic activities, developed in a step-by-step format. It provides valuable information for all those who teach or work with preschool handicapped children. Positive emphasis and a wealth of teaching techniques make the book a useful, effective guide.

Challenge BOOKS

Kenneth Benson and Carl Frankson. *Creative Nature Crafts.* Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1968.

This book is a suitable guide to using inexpensive materials as the core of a successful craft program. The projects illustrated and described may also serve to stimulate further creative developments by participants. The simple materials required place the suggested projects within the reach of programs restricted by limited budgets. In addition to 90 specific craft projects for all age groups involved in camping and outdoor education programs, sections of the book discuss tools and materials, collecting materials, dyes and dyeing, and safety in plant selection. A step-by-step procedure is outlined for each project, so that the novice as well as the experienced instructor or counselor will find the publication useful.

H. Jean Berger. *Program Activities for Camps.* Second edition. Minneapolis, Minnesota: Burgess Publishing Co. (426 South Sixth St.), 1969.

Although not designed specifically for use in camp programs for the retarded and handicapped, this publication should be a valuable and welcome resource for personnel interested and involved in special camp programs. Contents include practical suggestions and functional ideas for developing and conducting every aspect of the camp program —evenings, special days, inspirational activities, special events, rainy day activities, work activities,, conservation activities, school camping, and outdoor education. In addition, there are chapters which deal with the philosophy and objectives of camping, understanding the camper, the counselor as a leader, and evaluating programs. A comprehensive bibliography is included; it features a listing of titles of films and filmstrips, as well as a list of those national organizations and agencies which are involved in camping, and provides information about other important sources of materials and assistance.

Frank A. Belgau. *A Motor Perceptual Developmental Handbook of Activities for Schools, Parents, and Pre-School Programs.* LaPorte, Texas: Perception Development Research Associates, 1967.

A variety of activities (suspendable ball, walking board, jumping board, rocking board, balance board, space walk, beanbag, and group) designed to promote visual coordination as a part of total body coordination is included. This approach is built upon the premise that motor training is a necessity in the total training process because of the interrelationships between the motor and visual systems of the body. Visual perception is approached through a developmental sequence of motor activities.

Guide to Special Camping Programs. Chicago, Illinois: The National Easter Seal Society for Crippled Children and Adults (2023 West Ogden Avenue), $1.50.

Designed as a resource text for organizations already involved in programs for people with special needs, and for groups desiring to establish such programs, this guide will be of value in regard to special camping programs for persons with needs that cannot be served in conventional programs. Although it has been written with primary focus on residential camps for the physically handicapped, it contains basic guidelines for day camps, as well as for camps serving other disability groups. It is meant to serve as a supplement to American Camping Association standards, and deals with the unique considerations of specialized camping in these areas: *Philosophy, Aims, and Objectives; Administration; Camp Site Selection; Legal Matters; Insurance; Budget and Finance; Admission and Follow-Up Procedures; Personnel; Programing and Activities*; and *Health and Safety.* Other helpful aids are samples of forms used in special camping programs, the *USA Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped*, and a selected bibliography and listing of national organizations with an interest in recreational programs for the handicapped.

Elizabeth M. Gregg and Members of the Staff of The Boston Children's Medical Center. *What to Do When "There's Nothing to Do."* New York: Delacorte Press (A Seymour Lawrence Book), 1968.

Every busy mother who is faced with the problem of keeping young children happily and safely occupied will welcome this collection of creative play ideas to meet those rainy-day, "nothing-to-do" doldrums. It offers grown-ups over 600 play ideas involving little or no cost, using items already at hand in every household, such as milk cartons, macaroni, spools, pots, and pans. These suggestions, which require neither a mother's undivided attention nor artistic genius, are sectioned for age groups: before three months; three to six months; six to nine months; toddlers and crawlers; two- and three-year-olds; and three-, four-, and five-year-olds. There are energetic activities for the vigorous child and quiet games for the thoughtful or sick child. There are also effective diversions for the cranky one who's out of sorts, as well as sections on pets, books, records, and outings. The authors recognize the natural desires of little children to paint, mess, build, climb, pound, rip, tear, and make believe, and direct and channel these inclinations into important learning experiences. Behind every suggestion there is clearly a sound understanding of child psychology and development.

Recommended Reading

Directory of Camps for the Handicapped. Chicago, Illinois: National Easter Seal Society for Crippled Children and Adults (2023 West Ogden Ave.), 1967.

Directory of Day Camps Serving the Mentally Retarded. New York: National Association for Retarded Children (420 Lexington Ave.), 1967.

Challenge BOOKS

Directory of Residential Camps Serving the Mentally Retarded. New York: National Association for Retarded Children (420 Lexington Ave.), 1967.

Standards for Accrediting Camps. Martinsville, Indiana: American Camping Association, 1965.

POMEROY, JANET. *Recreation for the Physically Handicapped.* New York: Macmillan Co. (60 Fifth Ave.), 1964.

DANIELS, ARTHUR S., and DAVIES, EVELYN A. *Adapted Physical Education.* Second edition. New York: Harper & Row Publishers (49 E. 33rd St.), 1965.

WINTER, WILLIAM D., and WINTER, LOUISE M. "Clinical Experiences with Therapeutic Camping." *Adolescence.* Summer 1968.

ENGELS, VIRGIL. "Patterned Movements: A New Justification for Physical Education?" *Physical Educator,* 25 : 170-172; December 1968.

Directory for Exceptional Children (Sixth Edition). Boston: Porter Sargent Publisher (11 Beacon Street), October 1969.

This edition of the *Directory* provides information on 3,600 facilities – an increase of over 500 since the previous edition issued in 1965. Many counselors, doctors, psychologists, social workers, librarians, and parents use this source as a first step in locating a school, clinic, hospital, or treatment center for a handicapped child. Separate sections list residential facilities, state institutions, and day-care centers for the mentally retarded.

Dorothy Brinning, Susan Benford, Beatrice Gurtin, Elaine Iberer, and Ruth Kerzner. *Activities for a Perceptual-Motor Program.* Jersey City, New Jersey: A. Harry Moore School.

This booklet was designed for the children of the A. Harry Moore Laboratory School for the physically handicapped. Developmental activities have been developed and adapted according to the abilities of the children to assist in improving areas of perceptual deficiency. The uniqueness of the program lies in its integration into all areas of school life. The child should receive unified, reinforced training throughout each school day. Areas in which sequential activities are given include gross motor (for physical education and for the classroom); body image; tactile perception (awareness, discrimination, memory); fine motor (prewriting, cutting, placing, and pasting, one hand, two hand); visual motor (discrimination, reasoning, memory, spatial relations, ocular movements); auditory perception (awareness, localization, discrimination, memory).

"Therapeutic Recreation Service and Mental Retardation." Therapeutic Recreation Journal. (III, No. 3) (Third Quarter 1969), Washington, D. C.: National Therapeutic Recreation Society (branch of the National Recreation and Park Association, 1700 Pennsylvania Avenue, N.W.).

This special issue, devoted entirely to therapeutic recreation services for the mentally retarded, attempts to consolidate recent materials and present to personnel a collection of informative articles which will stimulate them to further activity. Articles deal with service at international, federal, state, institutional, and local levels and with specific priority problems such as professional preparation, sources of materials, research, and activity areas. Listings of films, books, journals, and other reference materials are also included.

ERNEST SIEGEL. *Special Education in the Regular Classroom.* New York, New York: John Day Company (200 Madison Ave.), 1969.

The author has directed this book to teachers of the marginally exceptional children who are enrolled in regular classrooms throughout the country. Dr. Seigel believes that these children—whether they are mentally retarded, brain-injured, or emotionally disturbed—can benefit from regular classroom placement only if teachers are given proper orientation. Such orientation and specific teaching techniques are offered in this book.

MARIA EGG. *Educating the Child Who Is Different.* New York: John Day Company (200 Madison Ave.), 1968.

This book is addressed primarily to teachers and parents of retarded children as a team jointly concerned in their education. Part I deals with the relationship of the teacher to the retarded child and his family; Part II is a practical treatise on how to educate retarded children. Emphasis throughout is on developing the retarded child's capacities to the fullest. Specific chapters deal with *Play, Music and Rhythm, Drawing and Painting, The Manual Arts.*

DOROTHY BRINNING, SUSAN BENFORD, BEATRICE GURTIN, ELAINE IBERER, AND RUTH KERZNER, *Activities for a Perceptual-Motor Program.* Jersey City, New Jersey: A. Harry Moore School.

This booklet was designed for the children of the A. Harry Moore Laboratory School for the physically handicapped. Developmental activities have been developed and adapted according to the abilities of the children to assist in improving areas of perceptual deficiency. The uniqueness of the program lies in its integration into all areas of school life. The child should receive unified reinforced training throughout each school day. Areas in which sequential activities are given include gross motor (for physical education and for the classroom); body image; tactile perception (awareness, discrimination, memory); fine motor (prewriting, cutting, placing and pasting, one hand, two hand); visual motor (discrimination, reasoning, memory, spatial relations, ocular movements); auditory perception (awareness, localization, discrimination, memory).

Challenge BOOKS

Lowell Klappholz (editor). *Physical Education for the Physically Handicapped and Mentally Retarded.* New London, Connecticut: Croft Educational Services, 1969. $3.75.

This publication contains 27 reports on what local school systems have done to provide services for physically and mentally handicapped students. The book will be of interest to physical education instructors, supervisors, administrators, curriculum directors, and superintendents in public and private agencies and organizations. Topics treated include setting up developmental, adapted, and remedial programs to meet the individual needs of youngsters with problems; involving physically and mentally handicapped youngsters in swimming and camping programs; teaching these youngsters ball skills, rhythms, games, and track and field skills; building well-rounded fitness programs; and improving posture and attacking similar problems.

SELECTED READINGS: *Perfect Creeping & Crawling*

Geddes, Dolores. *A Determination of the Influence of Mobility Patterning Techniques upon Selected Motor Skills of Primary Educable Mentally Retarded Children.* Master's thesis. Colorado State College, Greeley, August 1967.

Kershner, John. *An Investigation of the Doman-Delacato Theory of Neurological Organization as It Applies to Trainables in the Public Schools.* A report prepared by the Division of Cooperative Research Studies, Bureau of Administration and Coordination, Department of Public Instruction, Commonwealth of Pennsylvania, Harrisburg, May 1967.

LeWinn, Edward. *Human Neurological Organization.* Springfield, Illinois: Charles C. Thomas Publishing Co., 1969.

Delacato, Carl H. *Neurological Organization and Reading.* Springfield, Illinois: Charles C. Thomas Publishing Co., 1966.

FOR YOUR ADDITIONAL READING

John L. Carter. "Effects of a Physical Education Program upon the Physical Fitness of Educable Mentally Retarded Boys." *TAHPER Journal* (Texas Association for Health, Physical Education, and Recreation), Winter Issue 1970.

S. I. Hayakawa. "Our Son Mark." *McCalls*, Vol. 92, No. 3 (December 1969). pp. 79, 156ff.

Alton Hodges. "Safety in Physical Education for the Mentally Retarded." *TAHPER Journal*, 37:10, 30-31, May 1969.

Muriel W. Pumphrey, Mortimer B. Goodman, John W. Kidd, and **Edward N. Peters.** "Participation of Retarded Children in Regular Recreational Activities at a Community Center." *Exceptional Children*, Vol. 36, No. 6 (February 1970).

Julian U. Stein. "Professional Preparation in Physical Education and Recreation for the Mentally Retarded." *Education and Training of the Mentally Retarded*, Vol. 4, No. 3 (October 1969). pp. 101-108.

Klaus Wedell. "Perceptual-Motor Difficulties." *Special Education*, December 1968. pp. 25-30.

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Harold E. Yuker, Martin A. Feldman, John F. Fracchia, and Janet H. Young. *The Modification of Educational Equipment and Curriculum for Maximum Utilization by Physically Disabled Persons.* Albertson, New York: Human Resources Center, 1967.

Many of the barriers encountered in the school environment by children with physical disabilities are created by items of educational equipment. It is the general purpose of this monograph (the (twelfth in a series) to discuss school equipment that is nonlimiting, in the sense that it presents no barriers or removes them for students with physical disabilities. Guidelines are provided for modifying and selecting equipment for maximum use by disabled students; illustrative examples from the Human Resources School are presented. In general, equipment is discussed, with little consideration given to curriculum. Discussion and treatment are based on certain physical and functional units within a school. Included are sections dealing with general furniture and equipment, audiovisual aids, mobility and postural equipment, communication aids, arts and crafts areas, auditorium, and gymnasium. The detailed bibliography is helpful to those seeking additional information, materials, and sources of data on this topic.

Scouting for the Visually Handicapped. New Brunswick, New Jersey: Boy Scouts of America, 1968.

This booklet is directed to the leaders and potential leaders of visually handicapped boys. All too often, a boy is denied the opportunities of Scouting because a leader is unfamiliar with the problems stemming from his handicap. The information in the booklet is designed to lend a helping hand to leaders. For the first time, Scouting has printed specific test-by-test suggestions for the ranks, coupled with organizing and group activity advice.

Morris Val Jones, editor. *Special Education Programs Within the United States.* Springfield, Illinois: Charles C Thomas, Publishers, 1968.

Not too many years ago, virtually all assistance offered those impaired of mind or body came from private sources. Today, it is the government which plays the leading role in assisting individuals with physical or mental abnormalities. This book presents detailed information about 22 of the best special education programs in the United States. Special educators and all those concerned with handicapped children will welcome the accounts of solutions to innumerable problems presented by the contributors, and their realistic evaluation of struggles to cope with finances, personnel, and management of handicapping conditions. Major areas of concern include diagnostic centers and special schools, programs for communication disorders, and city, county, and state programs in special education.

ROBERT E. VALETT. *The Remediation of Learning Disabilities: A Handbook of Psychoeducational Resource Programs.* Palo Alto, California: Fearon Publishers (2165 Park Boulevard), 1967.

This handbook is intended for use in the specific programing of basic learning abilities. It offers a number of concrete activities and exercises in psychoeducational resource programs for those working with children who have learning disabilities. The 53 basic learning abilities are operationally defined, illustrated, and given an educational rationale for remedial programing. These are grouped into six major areas of learning: gross motor development, sensory-motor integration, perceptual-motor skills, language development, conceptual skills, and social skills. Each ability is considered as a developmental task, and a number of beginning, middle, and advanced-level program ideas are suggested.

RUTH H. WHEELER AND AGNES M. HOOLEY. *Physical Education for the Handicapped.* Philadelphia: Lee & Febiger, 1969.

The focus of this practical and functional how-to-do-it publication is upon imaginative, creative thinking and planning so that clinical, school, and community activity programs for the handicapped can be established and/or improved. Portions of the text deal with such important topics as clinical and social considerations which affect the handicapped in daily living; unusual conditions which cause handicaps; and adjustments of various age groups, particularly children and the aged, to physical deficiencies and rehabilitation. The wide range of subjects discussed will appeal to those concerned with effective physical education and recreation programs for the handicapped. The publication is appropriate for and useful to students of physical education, teachers of special education, hospital administration, occupational therapy, physical therapy, nursing education, and sports medicine.

At first reading we merely see. At second reading we see and think. At third reading we see, think and remember. At fourth reading we sometimes understand!

Scout Literature for the Visually Handicapped

Braille

- Cub Scout books—Wolf, Bear, Webelos
- *Boy Scout Handbook* (4 volumes)
- Merit Badge pamphlets (all subjects)
- *Boy's Life* Magazine

Records

- Merit Badge pamphlets
- *Boy Scout Handbook*

Tape

- Merit Badge pamphlets

In Large Print

- Cub Scout books—Wolf, Bear, Webelos
- *Boy Scout Handbook* (2 volumes)

For additional information about materials and programs for the handicapped, contact Mart Bushnell, National Headquarters, Boy Scouts of America, New Brunswick, N.J. 08901.

Charles Buell. *Physical Education for Blind Children.* Springfield, Illinois: Charles C Thomas, Publishers, 1966.

This publication describes a well-rounded program of vigorous physical education, including sports, games, contests, races, and relays, and provides a sound basis for yearly, monthly, weekly, and daily planning of physical education for visually handicapped children. The book has been prepared especially for teachers and administrators in both public and residential schools for the blind. In addition, parents, prospective teachers of physical education or special education, hospital rehabilitation departments, and visually handicapped students in high school and college can benefit from the wealth of information found in this book. Activities and methods are practical and functional and have been used successfully by the author for over 25 years.

Ruth V. Byler; Gertrude M. Lewis; and Ruth J. Tetman. *Teach Us What We Want to Know.* New York: Mental Health Materials Center (419 Park Avenue South), 1969.

Based on the Connecticut Department of Education survey of 5,000 children, kindergarten through grade 12, this study reflects opinions, observations, and the current state of knowledge on health topics of children from urban and rural, as well as from varied socio-economic backgrounds. Presented mostly in the children's own words, the report contains information not readily available through professional source materials. The book brings to light the contemporary interests, concerns, and problems of school children as they relate to such topics as puberty, alcohol, smoking, drugs, social relationships, mental health, sex, and health in general.

Earl W. Mason and Harry B. Dando. *An Introductory Handbook to Corrective Therapy and Adapted Physical Education.* Rehoboth Beach, Delaware: The Association for Physical and Mental Rehabilitation, 1965. (Order from

outlook BOOKS

Bernard Weber, 7631 Willis Avenue, Van Nuys, California 91405.)

The first publication of its type, this handbook attempts to show relationships of corrective therapy and adapted physical education in hospital, clinic, and school settings. Contents deal basically with the application of this phase of therapy in practice along with exercises and procedures used in the rehabilitation process. Each chapter contains a complete listing of references and notes. A selected bibliography contains all the references from seven journals relating to exercise therapy, therapeutic exercise, and adapted physical education.

For Additional Reading

Butler, Katharine G. and Nakiboff, Ellen. "An Investigation of Dynamic Balance and other Perceptual-Motor Tasks Among Speech Defective- Children." *American Corrective Therapy Journal* 23: 116-19; July-August.

Galvin, John and Witt, Peter A. "Recreation for the Conduct Disorder Child." *Exceptional Children* 35: 787-91; Summer 1969.

Morgan, William P. "Physical Fitness and Emotional Health: A Review." *American Corrective Therapy Journal* 23: 124-26; July-August 1969.

Turner, Daniel J. and Dyer, Gus W. "An Evening Aquatics Program for Neuro-psychiatric Patients." *American Corrective Therapy Journal* 23: 104-107; July-August 1969.

Karl K. Klein and Fred L. Allman, Jr. *The Knee in Sports.* Austin, Texas: The Pemberton Press, Jenkins Publishing Co., 1969.

This publication deals in depth with conditioning, injury prevention, rehabilitation, and studies related to the knee. The reader is given a concise review of principles involved in developing methods to restore rapidly and completely the strength of muscles weakened by injury, disease, or disuse. By very specific directions application of these principles to specific clinical problems is proposed. The publication is profusely illustrated and has been designed for those interested and involved in remedial and rehabilitation programs.

Charles E. Herron, C. Gale Lambright, Helen Connor, and Robert Owens. *A Compilation of Adapted Equipment for Physically Handicapped Children: Historical References and Implications for Utilization in Physical Education as a Component of Special Education.* University, Alabama: University of Alabama (Department of Special Education), June, 1969. (Based on doctoral dissertation by Charles E. Herron.)

This publication resulted from the concern of personnel in special education, physical education, and recreation over growing needs for references about equipment and supplies which have been adapted for use with crippled and neurologically impaired children. The purpose of this study was to assemble a comprehensive collection of adapted equipment to be used in activity programs for the physically handicapped. Sixty pieces of equipment are described and reproduced graphically. They follow the sequential pattern of development, including age and maturational factors, and progress from gross to fine motor skills. Listings of commerical firms which manufacture and distribute these items and of physical educators, special educators, physical therapists, and adapted physical educators involved in these programs are included.

Daniel D. Arnheim, David Auxter, and Walter C. Crowe. *Principles and Methods of Adapted Physical Education.* St. Louis, Missouri: C. V. Mosby Company, 1969.

This book is designed for elementary and secondary school physical educators and for specialists in adapted physical education. More specifically, it is intended as a text for college courses in adapted and corrective physical education. Physical educators, recreation therapists, corrective therapists, school administrators, physicians, school nurses, and physical therapists should find the contents pertinent to their particular specialties. The publication is organized from the general to the specific. Three major divisions deal with *Background and Foundations* (historical and philosophical development of programs for the handicapped with particular emphasis given to physical activity programs; psychological implications of disability; and growth and development as they relate to motoric and physical maturation); *Conducting the Program* (organizing and administering various aspects of adapted programs, special exercise programs, and adapted games and sports); and *Understanding Specific Disabilities* (information about a variety of specific conditions with implications for physical education programs).

Physical Education-Recreation for Mentally and Emotionally Handicapped Children: A Tentative Curriculum Guide: Produced by a Seminar on Physical Education-Recreation for Emotionally Disturbed Children, Department of Physical Education, Temple University, Philadelphia, 1969.

This course outline has been prepared to facilitate teaching graduate courses in physical education-recreation for mentally and emotionally handicapped children. Throughout the manual the viewpoint has been taken that the child is a unity. Although physical education and recreation specialists work primarily through the physical and influence primarily a child's biophysical traits, they cannot avoid and, in fact, must, foster psychological and sociological growth at the same time. This philosophy permeates all chapters of the publication, which deals with all major areas of comprehensive activity programs for mentally and emotionally handicapped children. It contains a wealth of practical and proven activities, methods, and modifications to meet the varied needs of these children. The guide can also be an effective resource for personnel working with children in various situations at the grass roots level. Especially helpful is the chapter which lists equipment and resource materials.

VII. FILMS

THE JOY OF MOVEMENT CAPTURED ON FILM

Dolores Black and Bonnie Motter
Women's Physical Education Department
Bowling Green State University, Bowling Green, Ohio

Show Me is a thirty-minute instructional film designed for those people involved in education for the mentally retarded. It was produced to promote the teaching of movement and rhythms to the mentally retarded and to convey the need for these activities. The film and its supplementary booklet provide a channel through which physical educators may enter the field of education for the mentally retarded. For those already involved, they introduce an adapted physical education program for classes or school systems. *Show Me* is neither final nor conclusive; it proposes a balanced scope of activities to help teachers know what to teach from among the wealth of available material and how to place it at the proper level. Both new and experienced individuals will be challenged by the film to provide a well-rounded program for these special children.

The film is predicated on the premise that all children need the opportunity to play, to engage in some form of physical activity. The basic philosophy of the film is that in every child—normal or retarded—lies some creative power. The film sequence shows that strengthening the body and developing skills enables the child to perform rhythms and dance at a higher level of achievement.

The retardate has difficulty learning about himself. He has motor impairments; he lacks the basic knowledge of exploring his environment, expressing himself, relating to others, and functioning independently. Movement contributes to these goals by instilling in the retarded child a sense of awareness of his body in the world around him. Every child has the potential to explore, experiment, investigate, and express, and it is important that programs designed for the retardate provide an atmosphere and stimulus for creativity.

In the film, children enrolled in the Wood County Retarded School (Bowling Green, Ohio) are shown participating in activities that stimulate exploration of the parts of the body and attack coordination problems. Partner work is included. A wide variety of activities is shown. The activities are presented simply, with practically no verbalization except the phrase "Show me." The passive, depressed child responds to this simple approach as does the uninhibited, overexcited, and anxious child. The great joy of a child's achievement and the happy behavior of a child completely involved in movement exploration and creativity are captured on film.

The IQ of the group participating in the film ranges from 20 to 45, the chronological ages from 6 to 14 years. The activities in which the children are shown participating were completely new to them. Much of the film was taken during the group's first exposure to the activity so that their initial reactions could be recorded. The Wood County School does not have a regular physical education program; there are no scheduled periods for such activities. During the four months of filming, considerable improvement in certain skills was noted. Some children would practice an activity on their own, showing their interest and motivation.

This film is a pictorial testimonial of how physical education can help achieve good bodily movement. When activity is provided each day, the mentally retarded child can learn and realize his maximum potential as he adjusts himself to his environment.

TELEVISION SERIES SLATED

New Horizons for the Retarded Child is a series of ten half-hour television programs dramatizing new avenues available to persons training or teaching the mentally retarded. While the purview of the series includes all of mental retardation, academic education and physical education are the two principal subjects. In particular, some new techniques in physical education, fitness, and recreation for the retarded are demonstrated. The series features visual techniques and devotes one-third of the time to presenting films in color, most of which have been specially produced for these programs. One or more 16mm documentary films will ultimately evolve from this series, so that information can be disseminated further.

New Horizons for the Retarded Child, the ten-program television series produced by WRC-TV, Washington, D.C., for showing on *Educational Exchange* in Cleveland, New York, Los Angeles, and Chicago as well as Washington, can now be obtained by other communities for viewing through local television stations. Full information and procedures can be obtained from Norman Lunenfeld, NBC Enterprises, National Broadcasting Company, 30 Rockefeller Plaza, New York, N Y. The series will include the following programs:

Program #1. "New Horizons for the Retarded Child" serves as an introduction to the series and features a specially created twenty-minute color film about Becky Cole, her mother and father, sister and brothers, and her speech training teacher. This intimate and true presentation pictures the typical retarded child.

Program #2. "The Preschool Retarded Child" contemplates the life of the family with a retarded child. In addition to the preschool years, the program will consider the educational and vocational prospects of the child and the problems of the parent who may not have total community support.

Program #3. "I.Q.—Questionable Criterion" attacks the problem of classifying children as retarded simply on the basis of their IQ's. Error is quite possible and this can be a disaster to the stigmatized child and his family. More sophisticated methods are available; an outstanding example has been selected as the subject of this program.

Program #4. "Multiple Handicaps" deals with the problems of the multiple handicapped where one of the afflictions is retardation. This program focuses on the Recreation Center for the Handicapped in San Francisco and shows how this agency has devised an effective and dynamic approach in handling the multiple handicapped.

Program #5. "Educating the Retarded Child" considers the academic training of the retarded child. New, fruitful techniques are explored.

Program #6. "P.E.—Lever to Learning" is concerned with physical education, fitness, and recreation and introduces the proposition that these skills and activities can aid substantially in other learning activities. A specially made film emphasizes novel, inexpensive, and creative equipment and methods which can be used in training the retarded.

Program #7. "The Neurological Approach" shows one application of the neurological approach in teaching motor activities. A film about the special clinic at the University of Southwestern Louisiana is included.

Program #8. "The Packwood Experiment" features the Packwood Experiment and Dr. James Oliver. Through the use of extensive physical education methods and activities, a group of mentally retarded youngsters showed remarkable progress—including significant intellectual gains.

Program #9. "Camping for the Retarded" demonstrates on film how a residential camp for the retarded can be successful. Some of the financial problems involved in community oriented programs for the retarded are also considered.

Program #10. "Newfangled Ideas on Mental Retardation" includes a specially made film dealing with *Research on Perceptual-Motor Theories.* Guests representing various agencies discuss "What does tomorrow hold for the retarded?"

Challenge FILMS

Editor's Note: *Mail requests indicate that many readers seek audiovisual materials dealing with physical education and recreation for the mentally retarded. The Project has recently completed an* Audiovisual Guide *listing a variety of films, film strips, slide programs, and records, which is available from the Project on Recreation and Fitness for the Mentally Retarded, 1201 16th Street, N.W., Washington, D.C. 20036. The reader's attention is called to the* Guide of Audio-Visual Media and Materials on Mental Retardaton *(50c), published and distributed by the National Association for Retarded Children, 420 Lexington Avenue, New York, New York 10017.* Challenge *will review new and pertinent audiovisual materials periodically.*

Each of the films below was part of the recent television series, New Horizons for the Retarded Child. *Information may be obtained about purchase or rental from Stuart Finley, 3428 Mansfield Road, Lake Barcroft, Falls Church, Virginia.*

Retardation Research. *16mm, color, sound, 7 minutes.* Featured is a special research project sponsored by the Pennsylvania Department of Public Instruction in which the Doman-Delacato theory of neuropsychology is applied to trainable mentally retarded children in public schools. (See review of John Kershner's study in the Research column.) Among the activities shown are crawling and creeping, monocular and binocular visual pursuit, auditory and tactual stimulation, kicking and throwing with the dominant part, those skills emphasizing cortical hemispheric dominance, and bilateral reinforcement. No assessment of the program is made, although comments by the teacher reflect the progress of specific children.

IQ: Questionable Criterion. *16mm, color, sound, 13 minutes.* The procedure prevailing in most school systems is to diagnose and classify children on the basis of a single test score, the IQ. The fallacies and problems arising from placing students on the basis of a single criterion are examined. In the Ridley School District, Folsom, Pennsylvania, this problem has been minimized through the establishment of a comprehensive diagnostic evaluation and work-up involving many specialists—ophthalmologist, audiologist, neurologist, psychologist, psychiatrist, pediatrician, and educational specialists. The role of the sociological home case worker, school administrator, parent, and classroom teacher is explored. Interpretation of findings, staffing procedures, and emphasis upon a true interdisciplinary attack upon the learning problems of children are stressed. This film holds implications for programing in physical education.

Another film of general interest, although not dealing with physical education or recreation, is **Becky**, which treats the impact of retardation upon the child's family.

And So They Move. 16mm, black and white, sound, 19 minutes. Audio-Visual Center, Michigan State University, East Lansing, Michigan 48824.

Although this film deals with the application of movement to the physically handicapped, the rationale, activities, methods, and procedures are quite appropriate for the mentally retarded of all functional levels. As each individual moves in his own way, he develops greater awareness of himself, struggles to succeed, and in so doing develops a feeling of adequacy. The children are encouraged to extend themselves in purposeful and enjoyable movement. They become better able to relate to one another, create their own play environment, thrill in trying, and have adventure in exploring. Much of the program is built around improvised equipment (boxes, blocks, hoops, ropes, and benches), innovative indoor obstacle courses, and creative use of conventional playground equipment.

To Paint Is To Love Again (16mm, color, sound, 21 minutes). Charles E. Conrad Films (6331 Weidlake Drive, Hollywood, California 90028).

This film was inspired by the art work of mentally retarded children which was displayed in an exhibit of the Exceptional Children's Foundation (Los Angeles). The expressed purpose of the film is to inspire others as it did Mr. Conrad, who spent six months on a full-time basis with a teacher and her class of mentally retarded children. The film shows what can be accomplished through great dedication, unremitting effort, and love. Some insight can be gained into the techniques which were used by the teacher and which made these accomplishments possible.

The Shape of a Leaf (16mm, black and white, color, sound, 26 minutes). The Perkins School (Lancaster, Massachusetts 01523).

Prepared to document a simple observation, that art is a universal teaching medium as relevant to the retarded child as to any child, this film reveals the sensitive responses of retarded children to various types of training. It demonstrates the artistic creativity and the individuality of style that such children share with all children. Retarded children (CA 7-19, kindergarten through the eighth grade) are shown working in various art activities—making perception training boxes, painting, talking about art, doing creative stitchery, weaving, working with batik, making ceramic crêche figurines, and conducting a puppet show.

Anyone Can (16mm, sound, color, 27 minutes). Bradley Wright Films (309 North Duane Avenue, San Gabriel, California, or California Association for Neurologically Handicapped Children, 6472 Will Rogers Street, Los Angeles, California). Purchase, $240; no rental films available, but a limited number of preview prints are available to interested groups.

This film provides additional insight into physical development programs for the educationally handicapped. While primarily a teacher training aid, it can be used by parents and recreational or other institutional organizations as a guide toward developing extracurricular physical education programs. Four training components are included: rope-handling skills; ball-handling techniques; the stegal and its multiple uses; and uses of the trampoline in the program. A variety of creative and innovative activities and approaches are demonstrated. Emphasis throughout is upon problem-solving approaches, in which the individual child is encouraged to think and concentrate upon the tasks at hand.

THIS SCENE IS TYPICAL *of the action in the film soon to be released,* Physical Education: Lever to Learning. *Activities are shown that can be included in physical education programs and require little special or expensive equipment, like tires, ladders, logs, ropes, and other easily obtained materials. The film approaches physical education as the core around which other areas of the curriculum can be integrated or correlated. Full particulars can be obtained from Stuart Finley, 3428 Mansfield Road, Lake Barcroft, Falls Church, Virginia.*

Outdoor education is a common-sense method of learning. It is natural; it is plain, direct, and simple.

This realistic approach to education rests squarely upon the well-established and irrefutable principle of "learning by doing."

Scientific research and psychological testing have been going on for many years to determine how learning actually takes place. Not only was the Dewey theory of "learning by doing" established as sound; it was also proved that through direct experience the learning process is faster, what is learned is retained longer, and there is greater appreciation and understanding for those things that are learned at first-hand.

Thus it becomes crystal clear that much of what is called for in the standard curricula can most effectively be learned in the out-of-doors. Moreover, learning in the open is a mutual process. In the classroom, subjects tend to become artificially separated from one another, as do pupils from teachers. Regaining touch with the real world leads to their becoming reunited. People and things are seen in their true relationships; facts and ideas that are most important emerge in perspective.

—L. B. SHARP

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In Touch: Movement for Mentally Handicapped Children (16mm, sound, black and white, 28 minutes). Concord Films Council, Nacton, Ipswich, Suffolk, England. Available for rental or purchase.

The staff and students of the National Association for Mental Health's Teacher Training Course made this film, using children from the Bush Training Center, Bristol, England. In the first part of the film, student teachers who are training to teach mentally handicapped children explore many ways in which movement can help them to establish contact with the children. A great deal of emphasis is placed upon movement as a means of communication for children who find speech difficult. Students work with partners and balance with and support each other to convey a sense of security and confidence. Mentally handicapped children, like very young children, particularly need this sense of physical security. The students explore more sensitive, expressive, and dramatic ways of relating to others. In the second part of the film, each student discovers how different parts of his own body can move, and becomes more aware of himself. When a mentally handicapped child develops an awareness of his body, he strengthens his sense of being a person. Finally, each student works with a child partner. Through moving together, the students build the children's confidence, helping them to concentrate, and encouraging them to experience new ways of moving. The film shows how students can get a deeper insight into individual children, by using the language of movement.

A Dream to Grow On (16mm, sound, color, 28 minutes). Bone Film Service (3132 M Street, N.W., Washington, D.C.). Purchase, $125; rental, $9.

Narrated by Olympic decathlon champion Rafer Johnson, this film tells the story of the 1968 Special Olympics in Chicago, where 1,000 mentally retarded children competed for coveted medals in running, jumping, swimming, and other Olympic events. It suggests that what took place in Chicago can happen all over the country as other communities become a part of this new program. Through its portrayal of retarded children in action, the film creates a better understanding of the potential growth of the mentally retarded. It stresses that when such children are given training, help, and understanding, and when they are permitted to compete with children of the same level of ability, their play life and beneficial participation in sports can be very much like that of their nonretarded peers. The action unfolds in a wide range of athletic events—50- and 300-yard dashes, high jump, broad jump, baseball throw, gymnastics, trampoline, floor hockey, swimming, basketball, and football, along with the pageantry of the first Special Olympics.

Note: Additional information about the Special Olympics may be obtained from Frank J. Hayden, Executive Director, Special Olympics, Inc., c/o the Joseph P. Kennedy Jr. Foundation, 719 Thirteenth St., N.W., Washington, D.C. 20005.

Space for the Mentally Retarded in South Dakota (16mm, sound, color, 20 minutes). Contact Thomas Schienost, State Department of Health, Mental Retardation Planning Office, Pierre, South Dakota.

This film deals with mental retardation—what it is; statistics and prevalence; employment possibilities; the importance of the team approach in diagnosis; the role of associations for retarded children and other state agencies; the unique contribution of day care centers, residential facilities, public school special education, foster homes, work-study programs, and sheltered workshops. It also touches upon the importance of guidance in leisure activities and in helping the retarded in recreation programs. Developed to provide citizens of South Dakota with a better understanding and appreciation of mental retardation and its many related problems, it has general applicability to other parts of the country, both rural and urban.

Patterns (16mm, sound, color, 17 minutes). Guy Owen, Title III Physical Education Research Grant, Austin State School, P.O. Box 1269, Austin, Texas.

The focus of this film is upon the need for physical education for trainable and below mentally retarded. Featured is the Title III (Elementary and Secondary Education Act) physical education program at Austin State School. Physical activities and equipment are demonstrated, showing how they promote motor development and improve physical fitness of the retarded. Steps involved in effecting positive behavioral changes in the severely and profoundly retarded through the medium of physical education are explained. The physical education staff is seen in actual teaching sequences which illustrate why a particular activity is included in the program. Residents of widely differing skill levels and a variety of activities, including an improvised and homemade obstacle course, are shown.

Cast No Shadow (16mm, sound, color, 27 minutes). Professional Arts, Inc., Box 8484, Universal City, California.

This is a unique and dramatic motion picture which vividly depicts a wide range of recreation activities for severely and profoundly mentally retarded, physically handicapped, multihandicapped, and emotionally disturbed children, teens, and adults at the Recreation Center for the Handicapped (San Francisco, California). Emphasis is placed upon the values of recreation and its effect upon the lives of the handicapped as an integral part of their total learning experiences and social development. Equally important, it is a film about handicapped individuals, ages 2 to 85, as people. Enthusiasm, satisfaction, and enjoyment are shown on their faces as they participate in activities from snow skiing at Squaw Valley's Olympic Village to wheelchair surfing in the Pacific Ocean.

P.E. - Lever to Learning (16mm, sound, color, 20 minutes). Stuart Finley, Incorporated (3428 Mansfield Road, Falls Church, Virginia 22041).

Educable mentally retarded boys and girls from a public school special education program are shown taking part in a

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vigorous and varied program emphasizing development of motor skills and physical fitness. These same students are shown participating in activities designed to reinforce academic learning. In addition, students are shown in the classroom where various activities have been built around experiences from the playfield and gymnasium. The physical education core for the mentally retarded is discussed and depicted as a physical education specialist in the area of mental retardation uses a program to condition the retarded child physically while stimulating him mentally. The equipment is inexpensive, the techniques are unique, and the results are evident.

Up and Over (16mm, sound, color, 25 minutes). Bradley Wright Films (309 North Duane Avenue, San Gabriel, California.)

The *stiegel,* a versatile, rugged, and safe piece of physical education equipment is thoroughly described and illustrated in this enlightening film. With a minimum of effort and time the stiegel can become a jungle gym, parallel bar, balance beam, horse, horizontal bar, or some exotic device assembled by the children themselves. Parts can be raised or lowered on three levels, making the apparatus adapatable for children of any age or ability. Classroom teachers can supervise play on the stiegel and feel confident while children explore, solve problems, and accept increasingly difficult challenges. The stiegel can be arranged in sections for circuit activities. Focus is on the child and on meeting individual differences and needs. Activities are built around the seven natural movements–crawling, hanging, climbing, jumping, swinging, vaulting, and balancing. Combinations and complicated coordinated movements result from the synthesis of various simple and low-level skills, patterns, and movements. This piece of apparatus has much to offer those responsible for activity programs for the retarded.

Partners In Play (16 mm, sound, black and white, 20 minutes). United States Public Health Service, Audio-Visual Center, Chamblee, Georgia.

This film describes experiences of personnel at Parsons State Hospital (Kansas) in successfully obtaining the community recrreation department's cooperation and support for integrating 65 mentally retarded and 70 nonretarded in a standard summer camping program. Included are sequences depicting methods, approaches, and procedures used in organizing and administering the camp, orienting the staff, and conducting activities. Emphasis is upon effective activities and approaches and the role of play in growth and development of all children, including the mentally retarded.

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Therapy Through Play (16mm, sound, color, 27 minutes). For information about obtaining a copy of the film, contact Richard Switzer (Human Resources Center, Albertson, New York 11507).

This film shows physically handicapped children, many of whom were not accepted by New York Public Schools, taking part in a variety of physical activities. Children in wheelchairs are shown taking part in touch football, soccer, swimming, cage ball, miniature golf, bowling, relays, and fencing. The philosophy of the program dictates integration of occupational therapy and physical therapy through physical education and recreation. Activities are selected on the basis of their contribution to the growth and development of the participant, not on the basis of whether they are specifically for the physically handicapped or the mentally retarded. A variety of adaptations and modifications in physical education are shown, along with ways in which other areas of the curriculum are approached—driver education, science, home economics.

Physical Education for Blind Children (16mm, sound, color, 20 minutes). Contact Charles Buell (4244 Heather Rd., Long Beach, California 90808). Purchase, $150; rental, $6, plus postage.

Visually handicapped school children of all ages are shown participating in a wide variety of physical education activities. Approaches are presented for modifying activities so that visually handicapped children can participate with their sighted classmates. In other sequences, the handicapped children take part in activities with no modifications at all. The importance of physical activity for visually handicapped children is stressed, along with the contributions of active participation in physical education to social development, leisure-time pursuits, and physical fitness. The need for safety is highlighted, as is the fact that statistics do not show a high accident or injury rate among visually handicapped children who take part in vigorous physical education programs.

For Additional Reading

GALTON, LAWRENCE. "For Amputees, the Boston Arm." *Reader's Digest.* February 1969, pp. 151-154.

LOYD, F. GLEN. "New Break for the Gym Dropout." *Today's Health.* March 1969.

FLORESCU, STEFAN. *Guide to Activities for the Physically Handicapped—A Report on Detroit Area Self-Help Associations Programming Athletics, Recrea-*

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tion, Social and Other Activities for the Physically Handicapped. Lincoln Park, Michigan (1466 Lafayette), 1969. $1.

"The Epileptic Child and Competitive School Athletics." *Pediatrics.* 42: 700-702; October 1968.

Tell Me Where to Turn (16mm, sound, color, 26½ minutes, cleared for television). Public Affairs Committee, 381 Park Avenue South, New York, N.Y.

This film presents a documentary story of how an information and referral service in a community guides people in trouble to the agency that can help them with their problems. The film promotes interest in strengthening an existing service or initiating a service where none presently exists. The film shows vignettes of seven people in need of help but who are afraid of asking, or who fail to ask for the right thing at the right place. In telling their stories, the film makes these points: Information and Referral Service is the one number to call for information about all services available in the community, and for referral to the agency that can help meet a specific need; a trained social worker learns to listen between the lines to bring together people with problems and people whose job and desire is to help; this service helps to identify gaps in the community's network of services to suggest how to fulfill unmet needs. There are direct and indirect implications and applications for those concerned with physical education, recreation, and other activity programs for the handicapped.

For Additional Reading

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"For the Unfit: Setting Up an Individualized Development Program." *Physical Education Newsletter.* 14: Letter 3; October 1, 1969. New London, Connecticut: Croft Educational Services, Inc.

FRANTZEN, JUNE. *Toys . . . The Tools of Children.* Chicago: National Easter Seal Society for Crippled Children and Adults, 1957. $1.

HARRELSON, R. WAYNE. "Group Competition in a Mental Hospital Setting." *American Corrective Therapy Journal.* 23: 20-23; January-February 1969.

SCARNATI, RICHARD A. "Recreation Therapy for Persons with Cystic Fibrosis." *American Corrective Therapy Journal.* 23: 7-13; January-February 1969.

WINNICK, JOSEPH P., AND ORBAKER, EUGENE. "Enriching Experiences in Adapted Physical Education." *New York State Journal of Health, Physical Education and Recreation.* 21:23-26; Winter 1968.

Swimming for a Congenital Quad Amputee (16 mm, silent, black and white, 10 minutes). Instructional Media Center, University of Texas, University Station, Austin, Texas 78712. Rental, $2 plus postage for 1-3 day period.

This film illustrates development of swimming and diving techniques for a congenital quad amputee in a college physical education program. Procedures utilized for developing propulsive movement in water with use of various sizes of swim fins and use of inner tube strapping to hold fins on upper arms as well as thighs are demonstrated. The teaching of the techniques of arm and leg movement is also shown individually and in combination with the use of the crawl stroke. Front dive, back dive, and flips are performed. Prior to participating in this swimming program the young man had never been in a swimming pool without a life jacket for support–since the program he has never used such devices.

VIII. CROSS COUNTRY CHALLENGES

News about programs and activities,
methods and techniques,
resource materials and teaching aids.
Contributions to this column are welcomed.

Cross-Country Challenges

IN HIS TALK AT THE AAHPER NATIONAL CONVENTION in Chicago, Frank Hayden, physical education consultant for the Joseph P. Kennedy Jr. Foundation, outlined several steps that each of us might take in furthering programing for the mentally retarded: (1) improve professional training and preparation for working with the retarded in physical education and recreation; (2) encourage good students to enter this field; (3) encourage more good research in these areas; and (4) take advantage of funds available through the Office of Economic Opportunity and the Elementary and Secondary Education Act which can be used for initiating and/or enriching programs for the mentally retarded.

IN 1964 TEMPLE UNIVERSITY JOINED EFFORTS WITH Buttonwood Farms, a nonprofit agency devoted to special education and recreation services for emotionally disturbed children, to provide a training program in the field of childhood emotional disturbance, at the graduate level, for physical education students. National Institute of Mental Health pilot project training grant 5T1MH-85430-02 supports this work. In the year and a half since its inception the program has established training procedures which include a six credit graduate course and a year round field training program. The latter provides the trainees an opportunity to work with emotionally disturbed children in day and overnight camping situations and in city based recreational facilities. The intent of the program is to provide the graduate students with multi-faceted mental health and physical education training under a variety of conditions.

The trainees are evaluated with a variety of ability and personality instruments and the critical incident technique is used to assess good and bad counseling procedures. Counselors and consultants also make paired comparison and rating scale appraisals of the trainees, who in turn evaluate and rate various aspects of the training program. Additional research is being carried out with the children in the program to determine the value of the training procedures which are employed with them.

Many of the emotionally disturbed children in Buttonwood Farms' program are mentally retarded on a primary or secondary basis. The training and other information from the project should be helpful to physical educators working with emotionally disturbed, mentally retarded, and other types of handicapped children.

The program is under the direction of Lester Mann and William Phillips, of Buttonwood Farms, Inc., Philadelphia, and Donald Hilsendager and Harold K. Jack, Department of Health, Physical Education, and Recreation, Temple University.

LAST SUMMER THE MONTREAL CHILDREN'S HOSPITAL, working with the Montreal Protestant School Board, participated in an experiment called the "Learning Clinic," under M. S. Rabinovich, head of the Department of Psychology at the hospital. He has studied many of the "under-achievers" among children and wants to help them. He runs an unusual classroom with trampoline, electric train, balancing board, chalkboards, puzzles, plane models, and other items designed to develop the fine coordination of hand and eye. These are the tools of learning for children who cannot yet focus, balance, grasp, detect the shape of things, or pick up and arrange objects. Dr. Rabinovich is another authority who realizes the importance of basic motor function in perceptual development and as a foundation for attaining more complex functions of a conceptual or intellectual nature.

HOLLIS F. FAIT, UNIVERSITY OF CONNECTICUT, STORRS, has recently completed a *Physical Fitness Test Battery for Mentally Retarded Children.* The battery includes the 25-yard dash, bent arm hang, leg lift, static balance test, thrust (repetitive action of the legs as in the thrust portion of the "squat thrust"), and 300-yard run-walk. Norms, based on age groups 9-12, 13-16, and 17-20, sex, and level of retardation (educable and trainable) have been established with performances classified as good, average, or low.

JAMES G. GALLAGHER, CHAIRMAN OF THE PHYSICAL Education Department, Ursuline College, Louisville, Kentucky, reports that a small program has been started there with volunteers working during the noon hour four times per week. "The results have been dramatic (not speaking statistically) and very satisfying. In the past six weeks we have noted gains in strength, motor skill, coordination, receptivity to instruction and much improved cooperation with others in the group. Each of our students is assigned one of the mentally retarded youngsters, so there is now shared affection. The program has proven beneficial to both the youngsters and to the Ursuline students. Many colleges don't have the facilities or the staff to do research, but most of them have the facilities and the staff to do this kind of work. This is going to have to be a 'grass roots' effort."

BE SURE TO READ RUN AWAY LITTLE GIRL, BY MARILYN M. Segal, a true, heartwarming story by a mother about her cerebral-palsied daughter and the total family effort in rehabilitating her. The book discusses the program of the Institute for Human Potential, where the girl received most of her treatment. A condensation is in the Book Section of the November 1966 *Reader's Digest.*

THE SNOWDON BRANCH YM-YWHA AND NEIGHBORHOOD House Services (5500 Westburg Avenue, Montreal, Quebec, Canada) offer a swim and supper club program for the educable mentally retarded child between the ages of six and fourteen. The program activities are varied but fall generally into three specific areas: (1) activities of a club nature, like games, arts and crafts, etc., where the emphasis is as much on the relationships of the members to each other and the leader as to the particular skills being learned; (2) swimming with a skilled instructor who helps the children overcome fear of the water and teaches them swimming skills while encouraging self-control and self-management; and (3) a dinner in the "Y" cafeteria where each child orders and pays for his own meal so that human relationship skills and self-sufficiency can be acquired as well as experience in handling money. All activities are supervised by specially trained and sensitive leaders.

JEFFREY ALINO, MAYWOOD PUBLIC SCHOOLS, MAYWOOD, New Jersey, reports that gym scooters have been one of the most exciting additions to the physical education program. They allow any student to enjoy fun and games, regardless of how low his ability to coordinate movements may happen to be. Easily constructed by school personnel, or purchased, scooters can be used in relays, races and games, as well as in simple tag or just "scooting."

NINE IOWA WESLEYAN COLLEGE (MT. PLEASANT) STUdents are challenged to think of simple things to keep 16 trainable mentally retarded children (CA 6½ to 22; MA 1 to 3) occupied for an hour each Thursday. The students teach the mentally retarded children to do basic physical skills: jump rope, bounce balls, play hopscotch, bowl, run, and skip. Individual attention is stressed so each student has only one or two charges. These students unanimously agree that this is a "great challenge" and "very worthwhile." Betty Sammons, assistant professor of physical education, attended a seminar in physical education for the mentally retarded at the University of West Virginia last summer and has included this as a part of the field work in the elementary physical education class she teaches.

FOR YOUR READING—"The Boy Who Found the Sun" by Jhan and June Robbins in *Redbook,* December, 1966 (pp. 48 ff). Tests showed that five-year-old Joe Perez was mentally retarded and almost blind; doctors saw little hope for him. But a gifted teacher and a determined mother brought about almost a miracle. Bonnie Motter, instructor in women's physical education at Bowling Green State (Ohio) University, points out that the need for physical education for the mentally retarded is evident to educators, but that we must *now* provide better preparation in the teacher traning program. Universities and colleges which offer teacher education should present opportunities for the prospective teacher in the area of retardation. Today, educational institutions need to provide training for the classroom teacher in the methods of physical education activities and contact with the retardate. In addition, the physical education major and/or minor should be required to take a course on mental retardation and one in adapted physical education methods involving actual contact with the educable and trainable level child. Textbooks alone do not provide a true experience.

LARCHE FARRILL (BLUE RIDGE ELEMENTARY SCHOOL, Raytown, Missouri) reports: "Our EMR's show very little physical handicaps other than poor vision or hearing and the usual lack of strength and coordination, although some of our higher students do possess a great deal of strength and have fair coordination. From my own observation, the observations of the classroom teachers, and from fitness test results, I feel that our students have made vast improvement over the past four years since our program began for the retardate. The classroom teachers are all aware of the values of a physical education program for the retarded and heartily support our program. Our progam is simply a modification of the basic physical education program for normal elementary age children. I find that our EMR's can do almost anything in physical education that the normal student can do if the activity is properly modified and carefully presented and supervised."

Miss L. Groves, SENIOR LECTURER IN PHYSICAL EDUCAtion at St. Hild's Center, Durham City, England, writes: "I have been taking weekly lessons with small groups of girls (CA 12-16; IQ's from 80 down) in movement involving the use of music, percussion, poetry, and pictures. It is this aspect of physical education which I feel has special value for these girls. The school staff and I have been delighted with the results. There is a growing self-reliance among the girls, a willingness to venture ideas, and an improvement in their social interaction. The head of the school also claims there has been a great improvement in written work, and some interesting art work has developed. The girls' behavior improved as tension appeared to be relieved, but this was not a lasting effect. There has been a twelve-month pause between my last set of lessons and the ones I have just begun, and several of the benefits seem to have been long lasting. I am now trying to direct my teaching particularly toward the development of greater sensitivity in personal relationships—awareness of the needs of a partner and some experience of behavior in a small group—and also toward language. On the purely physical side, the girls have improved in motor coordination and the confident use of the body."

THE FRIENDS-MORGAN SUMMER PROJECT (WASHINGTON, D.C.) represents a unique and unusual adventure in education that has much implication for teaching the mentally retarded. The Project seeks to discover new methods to reach and teach elementary school children who have not responded to traditional methods—children who, unless reached, will tread the dismal path of defeat and failure leading to many of society's worst problems. The arts of painting, woodwork, music, acting, dancing, and physical expression are activities that interest and give pleasure to almost every child. By building on the strengths, by helping children to associate learning with success and pleasure, the Project aims to inspire the will to learn. Most children with academic deficits have areas of competence and strengths that show up in their play and street skills which call upon ingenuity, spontaneity, independence, a strong sense of drama, rhythm, agility of movement, and other resources. The program will experiment with teaching number concepts through dance and physical education, increasing vocabulary and language skills through art and woodwork, sharpening observation skills through drama, and opening up listening skills through music.

THE PARTLOW STATE SCHOOL AND HOSPITAL IN TUSCALOOSA, ALABAMA, has an excellent tumbling team consisting entirely of trainable boys. The forty youngsters greatly impressed those attending a recent workshop at the University of Alabama. This group has been organized for approximately two years and shows the result of hard work, rigid discipline, and outstanding, dedicated leadership. Ward Pennington, program director, has taken several films of the group at various stages of development, which he will share with readers.

A UNIQUE CAMP FOR RETARDED YOUNGSTERS WAS HELD in the spring of 1967 by the Nebraska School for Trainable Children, Cozad (Amelia Wells, director). This fourth annual state camp for retarded children had as its theme "Nebraska Is My Home" and included a rodeo, chuck wagon dinner, hay ride, medicine show, and a centennial day. In addition, the usual camping activities—fishing, wiener roasts, crafts, sing fests, games, nature study, hikes, and ceramics—were a part of this week-long program, which provided fun for all!

IN A SPECIAL PROJECT BEING CONDUCTED AT THE Meadowwood School, Newark, Delaware (Charles Carrier, principal), 24 percent of the subjects—10 girls CA 6.8-17.1 and 16 boys CA 7.7-20.9—were found to be from 10 and 11 pounds overweight. The greatest number of overweight boys was from the age group 7 to 9 and the greatest number of girls from 13 to 15. In only one case did the examining physician consider the cause of obesity as metabolic. Since only two boys and one girl in the obese group were on medication, it was ruled out as a primary cause but remained as a possible secondary variable in these three cases. Of the twenty-six obese pupils, only three engaged in recreational activities with their families—who also attended the summer day camp conducted by the Delaware Association for Retarded Children. Most of the remaining twenty-three did little more than sit in front of their television sets during the summer.

THE STUDENT ACTION GROUP, COMPRISED OF SECOND-YEAR students at Scranton Preparatory School and Marywood Seminary, has been very active in providing services for the residents of the Keystone Training and Rehabilitation Center, Scranton, Pennsylvania. These teenagers spared no time and trouble in arranging a formal prom for the residents of the Center, for whom the affair was a great experience—including decorations, formal attire, refreshments, and rock n' roll—which gave them something they otherwise would not have enjoyed. The Student Action Group has taken youngsters to movies and for walks and during Easter organized an egg hunt for the residents.

A SPECIAL UNIT FOR BLIND RETARDED CHILDREN HAS BEEN in operation at the Edward R. Johnstone Training and Research Center, Bordentown, New Jersey, since January 1961. The focus is on children with unmet needs rather than those with different or special needs, and the activities stress self-care and general physical tasks involved in daily living. Experiences are built around activities that will promote security and acceptance, alleviate fear, and provide for positive social interaction. The physical education program, emphasizing *education of the physical*, is a basic area of the total program. Examples of physical education activities offered are corrective exercises, roller skating, ascending and descending stairs, swimming, and cycle riding. This program is described in the *International Journal for the Education of the Blind*, March and May 1965 issues.

SAFETY IS PART OF EVERY SUBJECT AND DAILY ACTIVITY at the Community Training Center for the trainable mentally retarded, 2411 Bainbridge Street, Richmond, Virginia (Zipporah Medford, principal). Safety is involved in learning to travel to and from school on buses, crossing streets, fire drills, using toys and equipment both indoors and outdoors, riding a bicycle, preventing fires, knowing limitations in moving about the community, proper use of sharp tools and kitchen utensils, precautions on the job, and in getting help in emergencies. A portion of this program is described in the 1966-67 *Newsletter* of the Elementary School Section of the National Safety Council, Volume 8, Number 2.

SISTER MARY ANN YODELIS, BRIAR CLIFF COLLEGE, SIOUX City, Iowa, reports that junior physical education majors have developed a special program there for the trainable mentally retarded. The youngsters shoot a rubber ball into a barrel "basket" and find the game literally a barrel of fun. The program has a twofold purpose: to use motor activity as a springboard to help the children improve their mental processes, and to help the college students learn how to establish and conduct physical education programs for retarded children while acquiring a new attitude toward them.

AN INTEREST IN FURTHERING THE SOCIAL ACTIVITIES OF the teenagers living at Keystone Training and Rehabilitation Center, Scranton, Pennsylvania, has prompted members of the local Eagles Club to sponsor teen dances for these young residents. Close to 65 teens from Keystone have been guests of the Eagles at these semiannual social affairs. Informal in style, the dances have been highlighted by music provided by a local combo. The young people showed obvious signs of delight at being present at a typical dance and displayed their own talents for participation in the modern dance movements. Pat Ruane, child life supervisor at Keystone, emphasized the importance of activities of this kind, which provide the youngsters with an activity that brings them into the realm of a normal teen's life and benefits them in many ways.

STUDENTS FROM MERIDIAN JUNIOR COLLEGE, MISSISSIPPI, are in their second year of teaching daily physical education classes to the mentally retarded in the Meridian public schools. Each of these students is enrolled in a special class at the College, is required to take part in an intensive one-month orientation period and is obligated to participate in two one-hour evaluation and critique sessions weekly. These students are doing an outstanding job under the direction of Gene Kidder, director of health, physical education, and recreation, and Fredna Cross, supervisor of special physical education programs for the mentally retarded, in providing a developmental program designed to meet the needs of each child. Extensive plans stressing sequential and progressive presentation of activities have been developed by the Meridian staff. The junior college students are paid for their services in the program.

"Although no effort was made to measure changes in IQ, subjective evaluations were obtained from the classroom teachers of the mentally retarded pupils. The most frequent comments from teachers indicated that success in physical education activities appeared to carry over to comparable success in academic achievement. In short, success in physical education activities appeared to inspire a higher level of motivation for academic work. In addition, success in physical education activities also appeared to alleviate fear of failure in academic work. Finally, the charts indicate an approach toward normalcy in physical fitness by the mentally retarded children." These were the conclusions of G. A. Broten and G. R. Twardokens, University of Nevada, at the completion of a physical education program for 26 educable and trainable boys and girls (CA 8-13) from the Mamie Towles Elementary School. The program consisted of games, designed exercises, and use of Frank Hayden's Physical Fitness Test for the Mentally Retarded. The program lasted for three months and was conducted four days per week for an hour each day.

TOM EDSON, DIRECTOR OF PHYSICAL DEVELOPMENT PROgram, Orange YMCA, 146 North Grand, Orange, California, has developed a great deal of excellent material which serves as the base of a physical education program for neurologically handicapped children. Much of this program centers upon developing motor-perceptual ability and physical fitness with as much sensory stimulation as possible. He has organized activities so that each is designed to serve a specific purpose and meet a certain goal; each group of activities is ordered from the simple to the complex in a well-structured program built around challenges that gradually increase in difficulty.

THE GEORGIA RECREATION AND PARK ASSOCIATION IS developing a special outdoor recreation facility for the disabled. The philosophy underlying the initiation of this special facility at Ft. Yargo, Georgia (about 75 miles from Atlanta) does not preclude or minimize the desirability of integrating the disabled into already existing programs. Rather it recognizes some of the problems inherent in attaining this goal: that many of the handicapped are not ready for even partial integration into regular programs and that so many organizations and agencies desiring to add camping or other aspects of the comprehensive outdoor recreation program are unable to obtain use of existing facilities in their states or regions. The new facility can be used as a sheltered setting for recreation programs for those unable or not ready for regular programs, as a halfway recreation center to help the handicapped prepare themselves for integration, and as a facility that will ensure opportunities for groups heretofore unable to get adequate use of existing parks, centers, and camp grounds.

WHITEWATER STATE UNIVERSITY, WISCONSIN, STUDENTS in special education courses are becoming better acquainted with their future pupils through use of videotaping of classes at Walworth County Special School, Elkhorn. At the present time Whitewater undergraduates are working in the physical education classes and helping during recess periods. The purpose of the program is to acquaint the future teachers with the retarded child before they begin actual practice teaching.

RECENTLY RELEASED AND NOW AVAILABLE FROM ANY distributor of Boy Scout publications is *Scouting for the Mentally Retarded* (No. 3058, 75 cents). The pamphlet is designed to help leaders understand retardation and to prepare them to give these boys the extra help and assistance they might need. The basic purpose of the publication is "better Scouting for mentally retarded boys through better prepared leaders."

TEN BOYS FROM THE HELEN J. STEWART SCHOOL, LAS Vegas, Nevada, spent a weekend at Camp Foxtail helping to winterize a local Girl Scout camp. They did such things as clean and paint floors and stack wood so the girls would have dry wood for winter camping. When not working at their assigned tasks the boys spent their time at the archery range or hiking around the mountains; many looked for fossils, arrowheads, and pine cones. Chores shared by all included setting tables, preparing food, washing dishes, sweeping floors, keeping fires burning, and going after water. In addition to the fun and good time, each of the boys felt a great deal of pride and derived satisfaction from the assistance given to friends in the community.

IN COMMUNITIES THROUGHOUT NORTH CAROLINA, THE Jaycees work with and for the mentally retarded by sponsoring special education classes, entertaining, establishing job placement services, setting up sports programs, and selling products made by the retarded. This new statewide program involves the 10,000 North Carolina Jaycees in 216 communities. During November 1967, the North Carolina Jaycees conducted the first statewide Mental Health and Mental Retardation Seminar ever held in the state. Outstanding leaders in the field explained to the group what they could and should do to put into operation in their communities the many programs designed to help the mentally retarded. Mr. Luther J. Britt, Jr., president of the North Carolina Jaycees commented, "I feel that the program in which we have been able to help the retarded of North Carolina most is in the field of sports activity, wherein we go and help organize them into leagues and into activities that will help them participate in sports development with their own group. . . ."

DURING A RECENT WORKSHOP IN TWIN FALLS, IDAHO, A tele-lecture (using a special telephone line) was included, complete with a question and answer session. This innovative approach offers many possibilities for involving guest consultants in similar programs, as contributors to in-service sessions, and as lecturers to classes and institutes. Requests for additional information about procedures may be directed to Stan Olsen, State Department of Education, Boise, Idaho 83707

IN A RECENT STUDY, *Relationship Between Social Age and Physical Fitness Measures of Retarded Boys,* Joe Brown, University of Cincinnati, found social age (as measured by the Vineland Social Maturity Scale) was significantly related to leg strength (as measured by the standing broad jump), speed (as measured by the 25-yard dash), and abdominal and hip flexor strength (as measured by 30-second sit-ups). No relationship was found between social age and arm and shoulder strength (as measured by a bar hang). Subjects were 30 trainable mentally retarded boys (CA 10-17-4; IQ 25-50; MA 2-1-8) enrolled in a school for retarded children.

MISS FLORENCE OWENS, A RETIRED SUPERVISOR IN PHYSICAL education in Duluth (Minnesota) public schools, has been directing activities for the Duluth Association for Retarded Children. Mrs. Ruth DeChantal, a retired music instructor, has also assisted with the program. Together they have provided many new opportunities and experiences in physical education and music for the children of Duluth.

ELEVEN IOWA STATE UNIVERSITY (AMES) STUDENTS IN Darlene Conover's senior seminar developed a special playground at Woodward State Hospital-School. The idea for the service project germinated in a seminar conducted by the Women's Physical Education Department. Each student submitted four drawings, from which were chosen the ideas for 13 pieces of playground equipment. These plans were turned over to the Industrial Education Club, which drafted plans for assembling the equipment. Much of the necessary material for the project was supplied by the Industrial Education Club and Woodward State Hospital. Built and installed on the playground are a scaling wall, clown barrel toss, stepping ladders, training steps, tin can slide, rope climbing apparatus, cargo net, walker beams, turning barrel, balance board, relay tires, sinking tires, and a culvert crawl. Each item was designed to aid in developing certain physical abilities (i.e., balance, eye-hand coordination, agility, strength). In-service programs have been planned to acquaint the Woodward staff with the purposes and methods of using the various pieces of equipment. Plans are already being made to provide this same service to other schools, residential facilities, and day care centers in the areas.

Children in the Hurst-Euless-Bedford (Texas) special education classes have discovered thrills during past months which almost all children delight in—the joy that comes from speeding along on roller skates. Weekly skating lessons are held at a local rink; bowling is included twice weekly. The classroom teachers go right along with their students, who are joined by physical education instructors for the special programs. The skating rink provides three instructors to assist with the lessons and admits the children at a special reduced price. The lessons have been sponsored by such local organizations as the Lions Club and American Legion, which help pay the cost. A local high school student council sponsored a skating party and donated the proceeds to help finance the skating program. Additional information can be obtained from Mauri Rawlings, Director of Health, Physical Education, and Intramurals for the school district.

Since May 1966, classes of mentally retarded children from the New York City public schools have used the facilities of the Boys' Club at Tompkins Square. At the groups' disposal have been the gymnasium, game rooms, lounges, library, meeting rooms, auditorium, and the arts and crafts studios. From the outset, the Boys' Club staff volunteered their time and skills to help acquaint teachers with the physical environment and to orient them with various program possibilities which could be conducted there. Currently, there are 17 classes with approximately 250 children and their teachers using the Club four days a week, during school hours. Additional services now offered by the Boys' Club include the examination and x-raying of children in the Club's dental clinic and the use of the swimming pool. As a result of the program, the Boys' Club at Tompkins Square was one of ten organizations from among hundreds of Boys' Clubs honored for program excellence during 1967 by the National Director of Boys' Clubs.

Approximately 100 mentally retarded children from throughout West Virginia participated in a statewide physical fitness meet at Charleston, in mid-June. Schools were permitted to enter one boy and one girl in each of the 12 classifications (8-11, 12-16, and 16 and over) for boys and girls in both educable and trainable categories. Sponsoring organizations administered the AAHPER-Kennedy Foundation Special Fitness Test Battery to their students and participants were selected for the Charleston meet on the basis of their performance. Trophies were awarded to individual winners in each classification and appropriate patches were presented to other participants. The competition was directed by Dr. Allen Blumberg, planning coordinator of the State Commission on Mental Retardation. West Virginia is the first state to have held a meet of this kind on a statewide basis.

Youth Organized and United To Help the National Association for Retarded Children is a national organization of young people who want to help the mentally retarded through service to state and local associations for retarded children. Young people are needed to serve as friends of the retarded, to help them learn to live in, work in, and try to better their world. Volunteers are also needed to work with local and state branches of the National Association for Retarded Children. The goals of Youth-NARC are as follows:

Service—to be of assistance to the mentally retarded.

Community Awareness—to assist in creating community awareness and understanding of the mentally retarded, their special needs and special abilities.

Career Motivation—to acquire firsthand knowledge of career opportunities and related vocations in the field of mental retardation.

Leadership Development—to develop leadership abilities which will ensure continuing individual and organizational improvement; to prepare to be the *leaders* of tomorrow.

Organization—to encourage and aid in the formation of additional state and local units of Youth-NARC.

Social Interaction—to meet and work with other young people who share this common involvement and concern.

All interested young people, 13 to 25 years old, as individuals, or in groups, are eligible for membership in Youth-NARC. Those over 21 or married shall be considered senior members; five hours of orientation and training are required for admission to voting membership. Additional information about Youth-NARC can be obtained from Mrs. James McIntee, NARC Youth Activity Chairman (420 Lexington Avenue, New York, N.Y.).

Plans have now been activated by the Northern Minnesota Therapeutic Camp Corporation to raise approximately $150,000 to provide a year-round camping facility for the mentally retarded at Brainerd State Hospital. This nonprofit organization which was formed locally to work on the program has selected a site which can be easily adapted to provide a therapeutic environment for the mentally retarded throughout the year. The site is fully developed and includes nine self-contained cabins, a large main lodge, and many items of recreation equipment, as well as 140 acres of campgrounds. The Rehabilitation Department at Brainerd State Hospital indicates that the facility can accommodate about 70 people for outdoor education and recreation activities on a continuing basis. Outdoor living skills, nature studies, learning the potentials of the land, seasonal sports, nature crafts, related hobbies, camp-living skills, and safety will be included in the program. Individual and group counseling will also be available. The camp is being purchased through contributions from private individuals and interested groups within the 28-county area served by the hospital. Additional information and detailed plans concerning the project can be obtained from Richard Endres, Patient Program Supervisor, Brainerd State Hospital, Brainerd, Minnesota 56401.

Over 300 members of the Pennsylvania Youth-NARC gathered in Philadelphia in June for the first state convention of the organization. Workshops, panels, forums, lectures, films, and slides about retardation, the mentally retarded, and the role of youth in programing were the main ingredients of an enjoyable and profitable weekend. Recreation and camping were topics in which there was a great deal of interest among the delegates. The Conference delegates found time to host a dance for young adult retardates—a very good time was held by all, and it was hard to tell exactly who was having the most fun!

Touring Retarded for Experience and Knowledge (TREK) is a unique demonstration experiment in recreation for the mentally retarded, funded by the Department of Health, Education, and Welfare and supervised by Laura Ganoung, a Tucson (Arizona) special education administrator. Mrs. Ganoung, five counselors, a nurse, and some 30 handicapped youngsters have traveled and camped throughout the United States during the two years the grant has been in effect. Not only have the kids (and staff) had a ball; the program has shown that many children break through the language barrier after being exposed to experiences other than home and parents. One little girl who never before had said more than a word at a time got home and greeted her pleased and happy parents with, "See the nice, big bus!"

For the second year, Ernie Davis (Crowley Special School, St. Paul, Minnesota) reports some encouraging results with retarded youngsters taking part in a wilderness camp program in Logan, Utah: "A very interesting fact came out of the last two camps at Utah State University—many children experience a breakthrough within a matter of several hours. In other words, when a child comes to camp on a Friday afternoon, by Saturday afternoon certain adjustments have already been made. I am always amazed as to how fast the child will react to his new and unrestricted environment."

Marquette School (Muskegon, Michigan) offered a seven-week enrichment program for physically, mentally, and emotionally handicapped children during the past summer. The expressed purpose was to provide opportunities for the children to see things and visit places they might never have seen. Each boy and girl attended Blue Lake Fine Arts Camp once a week for classes in art, drama, choral music, and dance. Fishing, hiking, swimming, softball, basketball, horseshoes, shuffleboard, and croquet were just a few of the activities in which the children participated. When they went to class the youngsters talked about their visits and activities and wrote stories about them. The physical therapist noted, "Children who never actively participated before were now doing so with enthusiasm. Perhaps it was the creative requirements that made them do it themselves that forced them to participate—then they found out that they liked it and continued."

Summer had extra meaning for more than 35 special education students in the Ellensburg (Washington) area this year. The students joined the Ellensburg School District's "Summer Fun Club" for a month-long program of swimming, arts and crafts, music and rhythms, and outdoor education. The purposes of the program were to provide enrichment learning experiences for special education students (including educable and trainable mentally retarded), and in-service training for teachers and prospective teachers. An assessment of the accomplishments of the Summer Fun Club showed many benefits. Many of the handicapped youngsters were for the first time able to participate in recreation activities with other children. Another reward of the program was the understanding developed by members of the staff who never before had been involved with these types of boys and girls. Many parents of children enrolled in the Fun Club spoke highly of the program, urging that it be repeated in years to come. Some expressed the wish that these activities be made available for the students on a year-round basis. Perhaps the best measurements of the Club's success came from student reactions. Robert, a 20-year-old hydrocephalic said that what he had enjoyed most about the program was "involvement with people and getting to know each other."

Woodside School (Seattle, Washington) has instituted a physical fitness program similar to the LaSierra High School (Carmichael, California) program to help create better feeling, interest, motivation, and enthusiasm for exercise, fitness, and physical education. Each child is placed according to his performance on a standard physical fitness test into one of three different groups—blue, the highest; red, the next; and white, the lowest. Gym shorts colors identify each level. Each group is given two separate tests—one in fitness and one in skills. To advance to the next level (there are three levels in each group—minimum, medium, and ceiling) in a particular group, the student must pass all fitness and skills tests at the level at which he is working. When he succeeds he receives a star for passing the fitness test and a stripe for passing the skill test. If during the course of a year a boy passes all tests at the different levels in the white group, he will wear three stars and three stripes, and then he is issued red shorts and starts working on the exercises and skills at the minimum red level. This has proved effective with EMR boys at Woodside and others may find benefits from such an approach, especially in view of recent findings regarding the effect of tangible rewards upon performances of the mentally retarded.

Wisconsin is the second state (North Carolina was first) to assign responsibilities in physical education for the mentally retarded to a staff member at the State Department of Education. Patrick Pflieger, who has joined the staff of the Department of Special Education, has as a major responsibility programing in physical education for educable and trainable at all levels. Although based in the Department of Special Education, Mr. Pflieger works very closely with Gordon Jensen, State Supervisor of Physical Education.

The Physical Education, Child Development, and Education Departments at the University of Rhode Island conducted a special summer program for the eight Rhode Island day care centers for the mentally retarded. The aims were to provide materials and trained personnel to test the motor skills and physical fitness of the youngsters attending the centers, and to assist personnel in administering complete programs of physical recreation, as well as teach them how to evaluate each child's progress. After testing the youngsters, programs were devised according to individual needs; post-tests were administered at the conclusion of the program. Although statistical analyses are not yet complete, improvement in coordination, strength, and social skills has been evident. The variety of activities included in the program have been written up in a syllabus and have been explained to the day care center personnel around the state, with the hope that they will be used in regular winter programs. Direct requests for information to Frank DelSanto, Department of Physical Education, University of Rhode Island, Kingston 02881.

The first class for deaf-retarded in the state of Wisconsin has been initiated on the campus of the Wisconsin School for the Deaf (Delvan). The program is being conducted by a member of the staff of Walworth County Special School (Elkhorn), who brings the youngsters to the Special School for daily physical education programs. Plans are being made to incorporate the Delvan youngsters into the social enrichment phase of the program at Walworth that has been so successful in providing new and exciting recreational opportunities for students.

In less than two days' time, the Kiwanis Club of Georgetown (Washington, D.C.) and a host of volunteers installed a 17′ x 34′ above-ground aluminum swimming pool at its day camp facility near Poolesville, Maryland. Sylvan Pools of Doylestown, Pennsylvania, donated the pool and the services of supervisory personnel to assist the Kiwanians with the installation. Men, women, boys, and girls shoveled tons of sand as a base for the pool, hauled aluminum decking and fencing, and manned rivet guns, rubber hammers, and ratchet wrenches. Members of the County Fire Department spent their off-duty time spreading hoses and pumping 15,000 gallons of water into the pool. By the afternoon of the second workday, the volunteers were able to take an inaugural dip. And the pool was ready to welcome 50 mentally retarded campers the next day.

Irving School (Sioux Falls, South Dakota) has become the first special school for the mentally retarded to be designated a Physical Fitness Demonstration Center by the President's Council on Physical Fitness and Sports. The Council requires, as a minimum, that Demonstration Center Schools make provisions for periodic health appraisals for all pupils; identification of the physically underdeveloped and measures to eliminate or alleviate their problems; periodic physical achievement tests to evaluate and motivate pupil progress; and a daily period of physical education emphasizing physical fitness for all pupils. (Where schools are on flexible schedules, adjustments of these requirements may be worked out.) Further information about the Irving School program may be obtained from Doug Evans, Supervisor of Physical Education, Instructional Planning Center, 201 East 38th Street, Sioux Falls, South Dakota 57102. Regarding the demonstration centers program, write to The President's Council on Physical Fitness and Sports, Room 2607, HEW South, 330 C Street, Washington, D.C. 20201.

The Fullerton (California) YMCA conducts a special physical education program for neurologically handicapped children, which has helped the participants socially, emotionally, and psychologically, as well as physically. The environment combines low stress and much success; the children are given practical things they can do as a means of encouraging them to try additional activities. The participants have had varying degrees of handicap—poor coordination, cerebral palsy, hyperacticity, and brain damage. Counselor-child ratios range from one-to-one to one-to-five, to ensure each child receives the individual attention he needs and to provide opportunities for peer relationships and social interaction for those in need of these experiences. The children are given challenges and successes in a variety of new physical experiences—balance activities on both the low and high balance beam and on balance boards; trampoline activities; tumbling and rolling activities; still ring stunts; hopscotch and other hopping activities; throwing and catching activities; low organized games; running activities; bowling with rubber balls and plastic pins; apparatus activities (parallel bars, side horse, horizontal ladder); parachute play; jump rope activities; and modified wrestling. The ability of the children to interact socially with others seems to increase over the duration of the program. Parents feel their children are better adjusted in school and better able to play with other children in the neighborhood as a result of the program. Information can be obtained from Milton Pettit, 216 D North Placentia Avenue, Placentia, California 92670.

Recently a pilot program was conducted in Janesville Public Schools (Wisconsin) to develop an objective method of determining the capability of educable mentally retarded high school students to drive safely and skillfully. Of 22 students taking part in the program 11 (10 boys and 1 girl) received Wisconsin Operator's Licenses, and 11 (3 boys and 8 girls) failed to pass the State test. While there was no significant difference between mean IQ's of the two groups (68.09 for those who passed; 65.64 for those who failed), there was a very significant difference between mean reaction times of the two groups (.5463 for those who passed; .7182 for those who failed). While it was difficult to pinpoint any one reason why a particular subject was unsuccessful, generally, there was some single contributing factor (e.g., little or no interest in driving, lack of coordination, poor depth perception, little conception of speed or general inexperience) which appeared to be a primary cause for each failure.

NINE GROUPS COMPRISE THE OHIO RETARDED CHILDREN'S Athletic Association, in which regular competition is held in basketball and track and field. Plans include the addition of swimming, bowling, and softball to the current schedule of activities. The league offers competition at their own level to retarded children throughout Ohio. Victory is only an adjunct to the experience and therapeutic values derived by participants. An unusual aspect of this league is that five of the nine member-teams are coached by women, and close examination of records indicates that the gals have fared rather well in clashes with teams coached by their male counterparts! An innovation introduced at Orient State Institute is the televising of games throughout various cottages, thus enabling nonambulatory patients to see them. Each game is filmed on videotape and replayed at a later date. More detailed information regarding this project may be obtained from Dick Ruff, who formed the League in 1960. You may write to him at Orient State Institute, Orient, Ohio 43146. Plans are being made to provide this same service at other schools and residential facilities.

THE NORTHAMPTON SCHOOL DEPARTMENT (MASSAchusetts) conducts a six-week summer program consisting of classroom work, physical education activities, field trips, and various recreational activities for retarded children. The main feature of the program, since its start three years ago, has been swimming instruction. A local country club donates its pool for one hour, three days a week. Each child swims twice a week and receives both group and individual instruction with progression techniques adapted to his particular needs. The physical educator, one classroom teacher, an aide, and two lifeguards from the club serve as instructors for the ten to 15 youngsters in each swimming group: *beginners, learners, shallow water swimmers,* and *deep water swimmers.* After a few weeks and once the beginners overcome their fear of water, a feeling of success is experienced by all participants. The culminating event for the program has been a swim meet and family picnic. The meet is designed to provide a wholesome competitive program to allow the boys and girls to use their newly acquired skills. Events are grouped according to the four ability levels. The success of the meet has shown on the faces of the participants and has been reflected in the round of applause and congratulatory remarks of all competitors as the winners are announced. Further information about the program can be obtained by contacting Ronald Hebert, Physical Education Teacher, Northampton School Department, Northampton, Massachusetts 01060.

THE JEWISH COMMUNITY CENTER OF DETROIT HAS for eight years offered a group program to mentally retarded and slow-learner young adults and adults. The program has grown to three groups, providing weekly group experiences for 45. Six years ago, the groups initiated an annual camping trip to a nearby residential camp. The participants thrived on the new experiences gained together, which led to two trips annually—one in the summer and another in the winter; each lasted three to five days. Swimming in the summer and tobogganing and skating in the winter provided opportunities for the members to acquire confidence and experience in all types of seasonal recreational skills. Since these challenges were met successfully, winter trips to Toronto, Canada, and Washington, D.C., were added. For the majority of the members, it was their first experience in hotel living, sightseeing, traveling on a subway, reading from menus, paying bills, and similar activities. Development of traveling skills and the ability to adjust to each of these new situations has been phenomenal; the groups are now looking enthusiastically toward the next season and choosing a new destination. Contact Allan Gelfond, Director, Group Services Division, Jewish Community Center, 18100 Meyers Road, Detroit 48235, for additional information.

IS THIS REALLY THE 20TH CENTURY? APPROXIMATELY 116 persons signed a petition suggesting to the North Kingstown (Rhode Island) Town Council that the town prohibit the use of residential zones ". . . for the care, training, and custody of the insane, mentally retarded, emotionally disturbed and addicts of alcohol, drugs or similar afflictions." Have we been so busy talking to each other about mental retardation and the mentally retarded that we have failed to talk with others in the community? This certainly signifies the urgent need for new, bold, and fresh community education programs which utilize every facility of the mass media, for it has long been recognized that an enlightened community is a necessary adjunct to successful training and rehabilitation of the mentally retarded.

FOR THE THIRD SUCCESSIVE YEAR THE DIVISION OF Physical Education, Ithaca College, and the Tompkins-Tioga-Seneca (New York) Board of Cooperative Educational Services are working together for the benefit of children from the three communities who are either physically handicapped, emotionally disturbed, or trainable mentally retarded. Ten classes of different age groups, representing primary grades and running all the way to young adult groups, are taught rhythms, group games, movement exploration, body awareness, self-testing activities, stunts, tumbling activities, and swimming. The program gives the children an expanded physical education program and at the same time provides important practical training experiences for students enrolled in "Physical Education for the Atypical

Child." By exposing college students to the variety and severity of disabilities seen in this program, teaching in the public schools is made much easier for them. The Ithaca College-BOCES program is still very young and only accommodates a small portion of the eligible children. The goal is to include all handicapped, disturbed, and retarded children in the area who need physical education. Additional information can be obtained by writing to Bob Caliel, Assistant Professor of Physical Education, Ithaca College, Ithaca, New York 14850.

The Metropolitan Aquatics Project for the Handicapped, affiliated with the Educational and Cultural Center serving Onondaga and Oswego Counties (including Syracuse), New York, is another Title III Elementary and Secondary Education Act project devoted to the handicapped. Handicapped children will be identified and selected by criteria now being developed and will be scheduled into instructional classes taught by certified personnel in the Aquatics Center. The Aquatics Center consists of a pool, locker rooms, an observation room, and office. Classes in the instructional program operate daily and in conjunction with the regular school program. Details may be obtained from Franz Brill, Project Coordinator, 700 East Water St., Syracuse, New York 13210.

A group of boys at Fred C. Nelles School (Whittier, California) have found a way to help others—while at the same time helping themselves. During the summer months, 19 boys at the California Youth Authority's school instructed severely mentally retarded youngsters (CA 6-12) from the Los Nietos School District in the fundamentals of swimming. The program involved a great deal more than just swimming lessons; the Nelles youngsters had an opportunity to take real pride in themselves. They often carried or led children by the hand to and from the pool; assisted them in showering and dressing; and combed their hair. Instruction focused on basic water safety to help the children overcome their fear of water. The program, involving strictly individual supervision, lasted one hour each day and included basic floating positions and important swimming strokes. Robert Clark, principal of the district's Wiggins Elementary School, expressed the hope that the program will continue on a permanent basis, adding, "I think this program is a perfect example of a project that can be highly successful even when its elements look extremely unlikely. These Nelles boys have proved to be such excellent factors in the success of the project, they can truly feel that they're doing something important for someone else."

Project Broadfront (Ellensburg School District 401, P.O. Box 398, Ellensburg, Washington) is committed to providing students with varying mental, emotional, and physical handicaps with every possible opportunity to participate in health, physical education, outdoor education, and community school activities, through carefully planned and supervised programs. Slides and tape recordings describing specific aspects of this program are available from Lloyd Rowley, Project Director.

Over 700 California youth learned about mental illness and mental retardation in a very real way this summer. They were employed in a number of programs at the state's 14 hospitals for the mentally disordered. Funds for the program came from state, federal, and private sources. The youths came in contact with almost every aspect of a mental hospital, including rehabilitation, recreation, social work, psychology, teaching, nursing, and medicine. The participants represented a cross section of backgrounds and interests, including college students working for academic credits; disadvantaged students; and medical, nursing, and seminary students. Besides providing job opportunities, the summer programs were aimed at interesting the students in becoming employees in mental-health-related fields. The state is hoping that some of these students will return to take on full-time work after they receive their degrees. The mental patients also benefit from the program. One state hospital medical director said the young people often establish close relationships with patients and provide them with new inspiration.

A special project at Elwyn Institute (Pennsylvania) has resulted in the rehabilitation and successful placement in the community of 200 orphaned or abandoned retarded persons during the past five years. None of these individuals who had spent from two to 49 years in institutions, has had to be reinstitutionalized. This demonstrates that it is possible to discharge a relatively large number of the educable mentally retarded population to independent living, even after extended periods of institutionalization. In making the transition, Elwyn found it essential to orient the entire instructional staff—some 700 persons—toward philosophy and goals of rehabilitation. The results lend support to the rehabilitation philosophy of emphasizing concrete, practical, manual, and vocational skills in the treatment-training of institutionalized retarded. Experience with the training programs attests to the value of a progression of training opportunities, leading to increasing responsibility and realistic community experience. The logical extension of this program would be community based halfway house facilities offering the greatest opportunity for community experiences and adjustment training, during which time the individual would still be subject to some degree of supervision. More specific information about the program can be obtained from Helen R. Passaro, Director of Public Relations, Elwyn Institute, Elwyn, Pennsylvania 19063.

Residents of Texas hospitals and schools for the retarded exhibited 200 entries at their first state-wide art show in Austin last spring. Over 4,000 persons viewed the entries which included paintings, drawings, sculpture, woodwork, needlework, and other types of handicrafts. Although selling of entries was not the purpose of the show, many people wanted to buy and, with artists' permission, some pieces were sold. "Art activities allow for a healthful and enjoyable expression of mood and feeling," one official said. "The patients also profit from the competitive aspect of the art shows. They develop improved self-esteem and a more positive self-identification through participation and accomplishment." Because of the success of the show, the Department of Mental Health and Mental Retardation plans to make it an annual event.

A unique residential center in a suburban environment is being designed for the care of mentally retarded children in the Chicago area. The Retarded Children's Center is being designed "to provide as homelike a setting as possible for 400 severe and profoundly retarded youngsters between the ages of 6 and 16." Lawrence A. Bussard, Assistant Director of the Division of Mental Retardation Services of the Illinois Department of Mental Health, explained that the Center will provide a continuum of care under the best possible conditions. The Center will consist of 50 one-story, air-conditioned, four-bedroom homes, each housing eight children. One aid will be on duty for every four children during waking hours, and one aid per house at night. Each unit will have a kitchen and play areas. Auxiliary facilities will include a central play area, a physical training center with swimming pool, an exercise room, a multipurpose room, and a social training center with 200-seat auditorium.

The Mental Retardation Information and Referral Service of Los Angeles County lists facilities, services, and programs available to mentally retarded persons of the County. This service is maintained as a source of reference and information regarding community services for the retarded and assists individuals in locating help for the retarded and their families. Pamphlets, brochures, films, and other printed materials are available for guidance of parents, educators, students, and the general public. These services are offered free of charge; funding and financial support are by voluntary donations and by member associations of the Los Angeles County Council for Retarded Children. Additional information concerning this service may be obtained from the Mental Retardation Information and Referral Service, 4600 Sunset Boulevard, Los Angeles, California 90027.

A special recreation program for mentally retarded children is conducted every Saturday by the Washington, D.C., Department of Recreation staff and volunteer assistants. Tumbling, games, language therapy, creative dramatics, rhythmic activities, songs, and sewing are included in the varied programs, the children are also trained in self-care skills by patient volunteers and staff workers who are helping the mentally retarded youngsters develop both physically and socially. Volunteers of all ages are the backbone of the program which is expanded and enriched with additional help from interested, talented, and dedicated citizens. The Saturday sessions are part of the weekday program for the retarded which the District of Columbia Recreation Department schedules at six special centers. Additional information can be obtained from Helen Jo Mitchell, c/o Developmental Services Center, 1905 E Street, S.E., Washington, D. C.

Redfield State Hospital and School (South Dakota) installed granite bowling lanes in the new Activities Building on campus. The staff is pleased about the flexibility these lanes give the bowling program. Patients can roll at any distance from the pins without fear of marring the lanes. Maintenance is simple—a once-over with a mop makes them look like new. Details and additional information can be obtained from Jim Osborne, activities director.

Keystone Training and Rehabilitation Residence (406 North Washington Avenue, Scranton, Pennsylvania) has extended its physical education and recreation facilities by installing an enclosed rooftop gymnasium and a roof garden. Both facilities are used for the day school physical education program and during evening hours for a total residence recreation program. Certain residents participate in various community programs at the YMCA, in boy and girl scout troops, and in community centered athletic leagues. Address requests for information to Eugene M. Langan, director.

One of three new federally funded projects at Recreation Center for Handicapped (Great Highway near Sloat Boulevard, San Francisco, California) encompasses a plan to develop a physical fitness program for all participants of the center. Three special staff members are setting up physical fitness programs for each of the 500 participants at the Center so that exercise, movement, and physical activity can contribute to their total growth and development. Initially, the physical abilities of each person were evaluated by various tests of motor ability and physical performance. The program is being built upon a variety of enriching activities to enable children, teenagers, and adults to develop skills and abilities. Hiking, swimming, tumbling, volleyball, and rope skipping are included in the program. Direct requests for additional information and materials to Janet Pomeroy, founder and director of the Center.

The Boy Scouts of America (New Brunswick, New Jersey) publishes a number of books and other literature to further its aims, objectives, and principles. These resources have such variety that certain titles can apply to any group of youngsters, including the mentally retarded. Listings of materials available and appropriate for use with the mentally retarded can be obtained by contacting the Boy Scouts of America.

Some teachers in Solihull, England, have classes climbing the walls! But these aren't ordinary walls—they're climbing walls specially built for schools. Numbered hand and footholds are a part of the walls to help students learn to climb safely and quickly; they are especially good for those who have never climbed before. A similar man-made mountain has been used with special classes for the mentally retarded in Seatttle, Washington. Students have been taken to Camp Long in Seattle and taught the intricacies of mountain climbing by qualified instructors. Additional information about the Seattle program can be obtained from Bill Harroldson, director of physical education, Seattle Public Schools, Seattle, Washington.

Cub Scout Pack 555 (Hudson-Hamilton Council, Jersey City, New Jersey) has initiated a physical fitness program as a part of its regular activities. All Cubs were given the Special Fitness Test with some items modified for those boys who are moderately or severely involved cerebral palsied as well as retarded. After testing was completed, 30 minutes of each one hour and a half weekly meeting were devoted to fitness exercises and activities. Parents have also been shown exercises and activities the boys can do for a few minutes at home each day.

The Second Annual Kansas State Basketball Tournament for the Retarded was played at Wichita's Holy Family Center in late February (the dates of the tournament corresponded with the National Association for Retarded Children Southwest Regional Convention). Thirteen teams (an increase of six over 1969), representing state hospitals, public school special education centers, sheltered workshops, and day care centers participated in the competition won by Wichita South High School Special Education Class. In addition to trophies presented to the first five teams, each player who participated in the tournament received a commemorative medal and ribbon with the tournament name inscribed on it. Coaches of tournament teams have made arrangements for a panel to be formed to plan next year's competition. Of particular concern are ways to make competition more equitable through better matching of teams and players.

Jaycees of Sioux Falls, South Dakota, are conducting a campaign to raise $30,000 to build permanent camp facilities on a 30-acre tract about 15-miles north of Sioux Falls on the Big Sioux River. Plans for the camp include construction of seven 16 x 24-foot cabins that will house as many as eight children and four counselors each. One central facility 40 x 100-feet will house dining room, kitchen, storeroom, recreational areas, and shower and restroom facilities. Dale Lawver, special education supervisor in the Sioux Falls school system, and John Balfany, handicapped program specialist at Southeast Educational Service Center (208 East 13th St., Sioux Falls) will be permanent staff members. The camp operated last summer with special sessions for trainable and educable mentally retarded, deaf and hard-of-hearing, cerebral palsied, and orthopedically handicapped youngsters each having their turns in the freedom of the out-of-doors. The facilities will be used for workshops, family camping, outdoor education projects, and similar programs for which they are appropriate. The development of the camp and plans for its varied use reflect total community cooperation and effort on behalf of all handicapped regardless of their conditions or ages.

Elliott Morris Company (Lynn, Massachusetts) distributes suggested progressions and activities using bean bags which are quite appropriate for retarded youngsters, especially the very young and those at lower functional levels. The program listed has been used successfully by Helene Breivogel, director of elementary physical education, Newton (Massachusetts) Public Schools.

The Northern Minnesota Therapeutic Camp (Brainerd, Minnesota) has been operating throughout the winter. The staff is under the direction of Richard Endres (patient program supervisor, Brainerd State Hospital). The program has introduced the patients to many new and exciting activities — ice fishing, snowmobiling, and tobogganing. Even those with multiple conditions, including wheelchair patients, have participated and enjoyed these winter activities. The camp itself continues to be developed — even to the extent of moving buildings from the main campus of the hospital — and plans are being made for a bigger and more comprehensive program than ever this summer. This marks the end of the first official year of operation of this new dimension in outdoor recreation and education programing for the retarded.

Movement Education is a quarterly newsletter distributed through the California AHPER. Vera M. Johnston (Long Beach Unified School District) and Lois Tidgwell (Pitzer College, Claremont) are co-editors of the publication which includes many articles dealing directly with programing for the mentally retarded and learning disabled and for those with other conditions. Many of the activities, methods, and approaches reported from regular elementary school physical education programs can be easily adapted and used in programs involving handicapped youngsters.

WHAT'S CURRENT IN OUR AREAS OF INTEREST

A BLIND AUGSBURG COLLEGE (Minnesota) sophomore recently landed a 275-pound, world-record ahi (yellow fin tuna) off the coast of Hawaii, only to have the record erased by a technicality. (The listed world record yellow-fin is 269½ pounds.) It took about an hour and a half for Jim Mastro, 21, to land the tuna which outweighed him by almost 100 pounds. Because of Mastro's sight impairment, he had been forced to hand the pole to the ship captain after the fish struck. The captain carried the pole across the deck to the fighting chair, where Jim handled the fish the rest of the way. International Game Fishing Association Rules require that the angler handle the fish alone.

TWENTY-SIX HIGH SCHOOL YOUTHS from the Kansas State School for the Visually Handicapped spent a week in Colorado as a part of a special federally financed summer program. The group spent three nights as guests of the Air Force Academy and visited Aspen where they covered the 600-foot Roaring Fork Braille Trail, through the White River National Forest. They also visited the Garden of the Gods, the Cave of the Winds, the Vanbriggle pottery works, and a ghost town; rode a ski lift, toured the grounds of the annual music camp, heard a concert, and *saw* the Royal Gorge in Canyon City. Accompanying the visually handicapped youths were 15 college-age counselors who lived with the students in the school's dormitory. Many of these children have no brothers or sisters; many have little knowledge of how sighted children really live. By this close association with their counselors, they became more aware of the lives of normal youngsters. During the summer program visits were also made to New Salem State Park, Illinois; Lincoln's tomb in Springfield, Illinois; the Mark Twain Museum in Hannibal, Missouri; and the Eisenhower museum and grave site in Abilene, Kansas. Additional information about the program can be obtained from Dr. R. L. Olson, Superintendent of the Kansas State School for the Visually Handicapped, Kansas City, Kansas 66110.

THE YM-YWHA OF GREATER Flushing, New York, has embarked upon an ambitious project to raise $200,000 to build a swimming pool. However, this will not be just another Y Pool. "We are building the only pool of its kind in the country. One to be enjoyed by the young, the old, the crippled, and to teach 3-year-olds by use of an automated crib design that adjusts the level for them safely. Hydraulic lifts and automated cribs is not all. We are building an AAU-approved pool for Olympic tryouts. . . ." Details may be obtained from Sylvia Rosenthal, 45-35 Kissena Boulevard, Flushing, New York 11355.

THE BUREAU OF OUTDOOR Recreation, Department of the Interior, has awarded a contract to the Urban Studies Institute at Morgan State College in Baltimore, Maryland, to analyze traditional recreational facilities and programs in terms of meeting the needs of urban residents. Secretary of Interior Walter J. Hickel, in announcing the contract, stated that he expects the Institute to make significant recommendations for outdoor recreation demonstration projects designed to serve leisure-time preferences of the inner-city resident. Included in the study will be a complete inventory and analysis of Baltimore's available recreation programs and facilities. Social and economic characteristics of the city will be analyzed, in part, through a sample survey of its residents. The project will also seek to determine preferences as to type and location of recreation facilities, and usefulness of existing recreation resources. "We hope to determine how policy-making can be more responsive in providing the kinds of recreation opportunity most useful to inner-city residents. All levels of government must face the responsibility of assuring that available human and financial resources are directed to providing programs that are responsive to the times, and to the conditions in our cities."

THE 13TH NATIONAL WHEELCHAIR Games, sponsored by the Joseph Bulova School of Watchmaking, in cooperation with the Paralyzed Veterans of America and the National Paraplegia Foundation, were recently conducted in Woodside, New York. All contestants were men and women athletes who require wheelchairs because of physical disability caused by war, illness, or accident. Contestants participated as members of teams or as individuals. Principal events included weight lifting, table tennis, bowling, swimming, track and field, and archery. Similar games have been held in various states. One of the biggest of these state games was held in Detroit, Michigan, with an awards banquet and anniversary celebration presided at by Stefan Florescu, founder and chairman of the Annual Michigan Wheelchair Olympics.

PROCEEDINGS OF "A STUDY CONference of Research and Demonstration Needs in Physical Education and Recreation for Handicapped Children" is available at no charge from the AAHPER Unit on Programs for the Handicapped, 1201 16th St., N.W., Washington, D.C. 20036. The Conference was jointly sponsored by AAHPER and the National Recreation and Park Association under a contract from the Bureau of Education for the Handicapped.

A GUIDE BOOK WHICH OFFERS TOURists with physical disabilities a convenient means for planning their travel in the state is *Wheelchair Vacationing in the Black Hills and Badlands of South Dakota*. Contents include descriptions and listings of attractions, accommodations, and camping facilities which have made provisions for those in wheelchairs or with other ambulatory difficulties. It can be obtained by writing to the South Dakota State Publicity Department, Pierre, South Dakota 57501.

BLIND PEOPLE WHO VISIT THE SAN Bernardino National Forest in Southern California now can experience the great out-of-doors as they never could before. In June, producers of the television show, *Lassie*, presented to the Forest Service, U.S. Department of Agriculture, its second Braille trail for the visually handicapped. The first such trail in the United States was established by the Forest Service in October 1967, in the White River National Forest near Aspen, Colorado. A touch and see trail which was dedicated last year in Washington, D.C., at the Department of Agriculture's National Aboretum, is operated by the Agricultural Research Service. Still another is being built in a national forest in New Mexico, by the New Mexico Federation of Women's Clubs. The Whispering Pine Nature Trail, west of Los Angeles, is the result of a show about blind children scheduled for fall's *Lassie* television series. One of the necessary elements in the script was a Braille trail. The trail, constructed for both the visually handicapped and the sighted, is about two-thirds of a mile long, above the 6,000-foot elevation in the Sierras. To guide the blind, a nylon hand cord has been strung along the length of the trail, with 23 interpretive steps designed to emphasize the smells, sounds, and feel of the forest. Each step has two interpretive signs, one printed, the other in Braille.

YMCA's are increasing their active programs for the visually handicapped. Lester Citron, director of an aquatic and recreational program at the Washington, D.C., YMCA, and nine others work without pay to offer these opportunities to the blind. The Y provides its facilities and equipment free of charge. "There is no reason why the blind can't grow up with some participation in recreation. If the opportunity is there, they can do anything that sighted persons can," Cirton stated.

Guided by pop music, a relay team of 4 blind swimmers from England swam the English Channel recently. The twenty-three mile swim took more than fourteen and one-half hours for two telephonists, a grocer, and a shorthand typist.

As a child David Ryder of London, England, had polio which left him without the use of his legs. After learning to walk with crutches he wanted to let other crippled people know that they too could overcome their handicaps. To prove his point David recently took a 7-week trip across part of England during which he *walked* 850 miles!

PHYSICAL EDUCATION FOR BLIND CHILDREN, 16mm, sound, color film described in the August 1969, issue of *Outlook*, is now available through Campbell Films, Saxtons River, Vermont 05154. Requests for information about rental or purchase of this film should be directed to the agency rather than to Dr. Charles Buell as indicated previously.

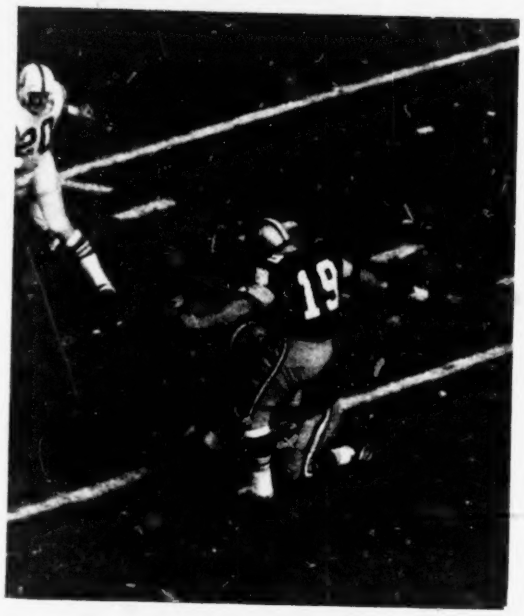


Photo: Erby Aucoin

Tom Dempsey, stellar kicker for the New Orleans Saints of the National Football League, is still another professional athlete who has overcome great obstacles to succeed in his chosen profession. Although he has only a portion of his right kicking foot and no use of his right arm, he is a powerful and accurate kicker and one of the leading young kickers in the NFL today.

Ron Rich (Racine, Wisconsin) lost his left arm in a childhood accident yet he is a great shot with a bow and arrow. Members of his archery club say that his shooting is *amazingly accurate.* Ron uses a 42-pound bow for hunting and target practice–and, he pulls the bowstring back with his teeth! This young man got started in archery by watching his next door neighbor. Soon he was busy practicing and now, four years later, he's become a master of the sport.

Wide World

The following three examples are proof that the visually handicapped can lead active, productive lives:

Eight blind climbers, accompanied by four guides, recently made an 18-mile climb to reach the peak of a 19,565 feet mountain in Africa.

Sixty-two-year-old Alfred Ventrillo was one of 1,152 runners who took part in the 1969 Boston Marathon. Although legally blind, he ran the 26-mile, 385 course in 4 hours and 28 minutes.

Two national publications have featured articles on Oscar Fonseca's surfing ability. Despite his visual handicap, this Los Angeles high school senior has been surfing for 4 years and has lettered in swimming.

FOR EVERY TWO SIGHTLESS CHILDREN excused from physical education, another boy or girl is permitted to participate in vigorous physical activity. Approximately 2,500 children with low vision participate in activities such as tumbling, rebound tumbling, gymnastics, dancing, swimming, wrestling, combatives, weight training, physical fitness exercises, relays, rope climbing, and rope jumping, without modification. Each year, approximately 25 of the top places in state high school wrestling tournaments are won by blind boys. Sightless boys and girls participate, with some modifications, in a variety of activities, including bowling, skating, hiking, aquatics, and winter sports. Additional information (including instructions for obtaining a special newsletter which deals with physical education for the visually handicapped) can be secured by writing to Charles Buell, 4244 Heather Rd., Long Beach, California 90808.

Pat Nardi directs the Leaning Tower YMCA's Conqueror's Handicapped Aquatic program in Chicago. Many parents feel the success of the program is "Uncle Pat," whom the children in the program love as though they were his own. One innovation of the program is what Nordi calls the "applauding bit" – the last 15 minutes of each session which is set aside for showing off. As each child performs some aquatic stunt, the others cheer and applaud for him. For many youngsters the program is more than a way of learning to swim and to enjoy their accomplishments–it is an introduction to group society. For a blind child, swimming is more than a physical exercise, it is also a mental one. Since he cannot see the water as a sighted child can, the blind student must coordinate his mind with his body movements in order to keep himself afloat. For one 3-year-old blind girl in the program, swimming has also helped to develop and improve her abilities in other areas. "Swimming was the trick; it provided momentum," said her father, "and if you miss the right moment, you may wait a long time for it to come again."

The ACTIVE HANDICAPPED, a new monthly periodical, contains articles that serve as an inspiration to the handicapped and their families. It provides information on rights of the handicapped according to latest rules of various government agencies, latest equipment and services for the handicapped, and a special section for questions and answers. Articles also deal with celebrities as well as everyday citizens who have overcome their disabilities to become productive members of society. For additional information contact Richard B. McCaughan, Editor, 528 Aurora Avenue, Metairie, Louisiana 70005.

East Stroudsburg State College, Pennsylvania, has received a $13,000 grant to help support camping and recreation efforts for the handicapped. Funds presented to Dr. James A. Reed, professor and head of the School of Education at the College, will help support four camps which last summer served more than 1,000 handicapped persons ranging from 8 to 80 years of age. The Schmidts Brewing Company has established a Hole-In-One project which pays for a week at camp for one child each time a hole-in-one is made on a registered golf course in Pennsylvania.

A June 1969 report of the Monmouth County, New Jersey, Community Services Council's study of 591 older youths shows that an overwhelming majority of young people in the county spend most of their leisure time "hanging around" or watching TV and listening to radio and records. Participation in organized activities, both during the school year and in summer, was extremely low because of lack of interest and opportunity. This was attributed to inconvenient locations of facilities, inconvenience of scheduling, traveling, irrelevance, and conspicuous supervision. Only 10 percent of the males and 2 percent of the females in the study indicated that they particiapted in sports activities, and less than one-third said that they used the recreation centers. However, more than 80 percent said that they used the libraries in their leisure time.

The Baltimore Orioles's batboy, Jay Mazzone, is not just an average 16-year-old boy. He plays football, baseball, and almost every other sport enjoyed by boys his age. He does well in school and hopes to be a teacher. So what makes Jay different? An accident 13 years ago robbed Jay of both hands. But through hard work and the use of hooks instead of hands he has overcome his handicap and landed a job envied by many teen-age boys.

SPECIAL CENTERS TO SERVE DEAF-blind children have been established under Public Law 90-247, to provide diagnosis and evaluation, education, and consultation to parents and teachers. The new law provides for grants to or contracts with public or nonprofit agencies, organizations, or institutions, to pay all or part of the cost of establishing and operating these centers for deaf-blind children, such as the 20-30,000 victims of the German measles (rubella) epidemics of 1963-65, who suffered impairment of vision and hearing and cannot be accommodated or receive an adequate education under existing public education programs. The program is administered through the Bureau of Education for the Handicapped (U.S. Office of Education), Division of Educational Services, directed by Frank B. Withrow.

THE COLLEGE PROFESSOR TRAINING Program of the Buttonwood Farms—Temple University Project has been funded for five more years (1969-1974), by the National Institute of Mental Health. The eight-week summer program for college and university personnel involves work at Buttonwood Farms Camp (for emotionally disturbed and mentally retarded), concentrating on curriculum development. Details about the program and procedures to follow in order to apply for the summer 1970 session can be obtained from Harold Jack, Department of Physical Education, Temple University, Philadelphia, Pennsylvania 19122.

THE NEW YORK STATE ASSOCIATION for Health, Physical Education, and Recreation sponsored an Invitational Conference on Special Education around the theme "Inter-Disciplinary Action to Develop Human Potential in New York State." The program was held in Syracuse over an entire weekend in mid-June and included presentations, demonstrations, audiovisual materials, and discussions about physical education and recreation programs for the mentally retarded, children with learning problems, severely physically handicapped, orthopedically impaired, visually handicapped, and the deaf. Discussions focused on public school, residential facility, and day-care center programs, along with camping and outdoor education. Full particulars and additional information can be obtained from Emilio DeBramo, Director of Health, Physical Education, and Safety, Mamaroneck Schools, Mamaroneck, New York 10543.

THE ELEVENTH WORLD GAMES FOR the Deaf (Olympics) were held in Belgrade, Yugoslavia, August 9-16. Competition was held in track and field, swimming, basketball, wrestling, shooting, tennis, cycling, soccer, gymnastics, table tennis, and volleyball. Athletes from 35 countries (four more than the number which participated in the last Games at College Park, Maryland, in 1965) vied for medals symbolic of world supremacy among the deaf. The United States was represented by 140 athletes who took part in all events except soccer.

THERE ARE APPROXIMATELY 125,000 handicapped boys—blind, deaf, mentally retarded, emotionally disturbed, crippled, and socially maladjusted—taking part in Scouting through 2,149 units. These packs, troops, and posts are sponsored by parent-teacher associations, public schools, residential facilities, universities and colleges, and correctional institutions. Information about services, materials, and Scouting programs for the handicapped can be obtained from Mart Bushnell, Boy Scouts of America, New Brunswick, New Jersey 08901.

JAMES POURIER (Rapid City, South Dakota) is a Sioux Indian, a rancher, head of a cattle cooperative (which he started), an officer of a school board, and a member of the Sioux Tribal Council — and, he has been completely blind since the age of seven. "Bubs," as he is affectionately known, attended the State School for the Blind (Gary, S.D.) and he later graduated from South Dakota State University. Last September he started a home for twenty homeless boys. "Bubs" rides horseback and last summer decided to learn to rope. How he does so much and so well is reflected in his simple and direct philosophy — "I don't let my blindness get in the way — I get into things."

THE RIVERSIDE YMCA and the Riverside Neurologically Handicapped Society (California) sponsored a residential camping program for neurologically handicapped children last summer. Sixty youngsters were sent to camp — away from home — to develop maturity, to become more independent, to attain peer recognition, and to gain a better self-image and feelings of self-worth. Additional information can be obtained from Tom Edson, Riverside Public Schools (4021 Lemon Road, Riverside, California).

A 2,000-ITEM BIBLIOGRAPHY on children with learning disabilities or brain damage has been prepared by Alexander J. Tymchuk and Robert M. Knights. Entries cover description, etiology, diagnosis, and treatment of children with these conditions. Individual copies at $3.00 each are available from Dr. Knights (Department of Psychology, Carleton University, Ottawa 1, Canada).

HIGHLY RECOMMENDED READING is Rosemary Thielke's "The Brain-Injured Child: I've Never Had a Child Like Johnny Before!" *Today's Catholic Teacher*, October 10, 1969.

JIM QUINN (Fulton, Missouri) had an ambition, a burning desire, a dream — to make his school's football team. However, Jim had been born with cerebral palsy. With the direction and encouragement of his coach, Jim worked hard and built himself up physically so that last fall he not only made the team but *played in every game.*

PEPE, age 11, a patient at Angel View Crippled Children's Foundation, being treated for residual poliomyelitis of both legs, was recently honored at a special ceremony for completing the Red Cross 50 Mile Swim and Stay Fit Program. The rules for this award included a continuance swim of one quarter mile at each session. Pepe often swam a half mile daily, using arms only. He was so anxious to receive his 50 mile card that for one week he swam one mile daily. He completed it the morning of the award party and the day before going into surgery — he will be in casts for a year. This was an important event in Pepe's life. His personality and outlook on life have greatly improved since he received the award. Pepe's strokes are excellent, well up to Red Cross standards; he uses the front crawl, back crawl, elementary back stroke, breast stroke, underwater swim, and the dolphin.

WITH LEADERSHIP AND FACILITIES made possible through the Cheff Foundation, the largest facility in the world built expressly for teaching riding to the handicapped has been established in Augusta, Michigan. Lida McCowan, executive director, says that the Foundation hopes the Augusta Center will become the catalyst which will spur other such schools into existence throughout the nation and that it can serve as a national training center for teaching instructors in the art of riding for the handicapped. This center is the first facility of its kind to be built in the United States and only the second in the world designed for this specific purpose (the other is in Chigwell, Sussex, England). Students from Kalamazoo and Calhoun counties (Michigan) have been participating in classes since early February. The North American Riding for the Handicapped Association has been established and will cooperate with the Foundation in developing materials to help others introduce riding — therapeutic as well as recreational — into their programs.

BLIND YOUNGSTERS who participate in swimming programs sponsored by the Red Cross Mile High Chapter (Denver, Colorado) receive regular cards certifying their levels of achievement. Information is added to regular cards in braille so that they are meaningful to the participants. Additional information about this program and other swimming activities for the handicapped in the Denver area (including the Second Annual Handicapped Swim Clinic last February) can be obtained from Daniel Meehan, assistant director, Safety Programs of the Mile High Chapter.

IX. RESEARCH

STATE RECREATION PLANNING FOR THE RETARDED

WILLIAM A. HILLMAN, CHAIRMAN
AAMD RECREATION SUB-SECTION

One of the most significant statements of the Panel on Mental Retardation appointed by President John F. Kennedy in 1961 was the recommendation that: "The Secretary of Health, Education, and Welfare should be authorized to make grants to states for comprehensive planning in mental retardation." In its 1962 Report to the President, *A Proposed Program for National Action to Combat Mental Retardation*, the Panel also suggested ways to initiate and plan services for the mentally retarded. Planning in the respective states involved a variety of approaches and provisions for organizations and programs.

A recent analysis of the 51 available plans revealed that a number of areas have received considerable attention. Major areas of concern in planning for the retarded included manpower, financing, education, facilities, law, planning, research, vocational rehabilitation, legislation, and residential care. Attention to recreation planning was quite limited —only seven states had specific task forces or study groups dealing with recreation, although four additional plans did indicate substantial concern for recreational services. Of all recommendations made in the state comprehensive mental retardation plans, only 226 relate to recreation; 55 percent of these were found in seven plans!

This initial lack of concern for state recreation planning was apparently due to the exclusion of any reference to recreation in the early guidelines. During the latter phases of planning, some states were influenced by guidelines developed by the National Association for Retarded Children and the involvement of the American Association for Health, Physical Education, and Recreation, and the Joseph P. Kennedy Jr. Foundation, so that this dimension was added. Continued concern and stimulation by both federal and voluntary agencies have resulted in some additional recreational planning for the mentally retarded in certain states. However, there is evident need for still greater stimulation and guidance for adequate planning if the 80 percent of the retardates who are not participating in recreational activities are to become active and involved. Credit must be given to states with inclusive sections within their comprehensive plans—Washington, Iowa, Connecticut, South Carolina, and Delaware.

The initial evidence of limited involvement of recreation personnel and the lack of concern toward recreation by mental retardation planners are yielding to the growing clamor for recreation services for the mentally retarded by community, state, and national agencies. Continued reassessment of the needs of the retarded points to an increased need for planning comprehensive recreational services for them, with involvement of personnel from all appropriate government, voluntary, and professional agencies.

REPORT OF NATIONAL SURVEY RESULTS

Questionnaires about provisions for physical education and recreation for the mentally retarded were sent to superintendents, principals, and teachers in each of the 50 states and the District of Columbia. Responses were received from 1,721 persons representing individual public schools or public school systems. This represented 29.5 percent of all questionnaires sent and 42.7 percent of those sent to individuals by name. Of this return, 1,589 questionnaires were in usable form and were card punched and machine tabulated. The following summary statements are based upon these 1,589 returns.

1. Approximately the same percentage of mentally retarded are taught physical education in classes *with* "normal" pupils (41.8 percent) as are taught in separate classes (39.4 percent).
2. Physical education for the mentally retarded is limited in content as indicated by the report that in 40 percent or more of the programs the only activities taught regularly each week are basic movements (40.0 percent) and calisthenics (64.2 percent).
3. One third or more of the schools never teach swimming, racket games, bowling, combatives, gymnastics or apparatus activities, track and field, or winter play.
4. Facilities for physical education are inadequate. Less than one fourth of the schools report having a corrective exercise room, shower and dressing rooms, bowling alley, camp site, handball court or wall, tennis court, or swimming pool. (One fourth of the returns are from areas under 10,000 population, and half of the schools are at the elementary level where facilities for physical education are meager and special teachers of physical education are relatively few.)
5. As to recreation activities, half or fewer of the schools report cook-outs and picnics, dramatics, construction play, nature play, swimming, and sports.
6. There is a strong belief that the educable can be taught physical education successfully in classes with normal pupils (69.6 percent) but that the trainable cannot (63.9 percent).
7. There is a strong belief that physical education teachers who have mentally retarded pupils in classes should have professional preparation for work with the retarded (88.3 percent).
8. Almost 90 percent of the respondents feel that all workers with mentally retarded should have a basic understanding of physical education and recreation.
9. There is a strong feeling that colleges and universities should add special courses in physical education and recreation for work with the mentally retarded (87.5 percent).
10. Almost 100 percent feel that instruction in physical education and recreation can help social and emotional development in the mentally retarded.
11. A strong plea is made for more teachers of physical education, more time for instruction, better facilities, and better grouping by chronological ages.

Challenge RESEARCH

JAMES E. GREENFELL. "The Effect of a Structured Physical Education Program on the Physical Fitness and Motor Educability of the Mentally Retarded School Children in Whitman County, Washington." Master of Arts degree thesis, Washington State University, 1965.

Twenty-five educable mentally retarded children from special education classes in three public schools (two elementary and one junior high) in Whitman County, Washington, were given a ten-week structured program of physical education. Subjects were selected in such a way that one class represented primary grade retarded children (CA—7.6 years; MA—4.6 years), a second consisted of intermediate grade retarded children (CA—10.22 years; MA—7.45 years), and the third was composed of junior high school boys and girls (CA—14.12 years; MA—8.87 years). Evaluative instruments were the Washington State Physical Fitness Test, Johnson-Metheny Test of Motor Educability, check lists for attainment of specific skills, and appraisal by classroom teachers covering the child's self-concept and motivation.

Pertinent findings were: (1) primary grade retarded children do have the capacity to learn basic motor skills; (2) physical fitness of the mentally retarded can be improved; (3) retarded children can learn all of the same motor skills that normal children can learn; (4) motivation is extremely important in the learning of motor skills and the attainment of desired levels of fitness by the retarded; (5) individual success is the cornerstone for success in the over-all physical education program; (6) a structured program in physical education for the mentally retarded has beneficial effects on their social and intellectual growth; and (7) there is carry-over value from achievement in physical education to other class activities within the total school program.

W. OWENS CORDER. "Effects of Physical Education on the Intellectual, Physical, and Social Development of Educable Mentally Retarded Boys." Special Education Project, George Peabody College (Nashville, Tennessee), 1965.

Twenty-four educable mentally retarded boys (CA 12.0 to 16.7; IQ 50 to 80) enrolled in four special day classes in three schools in Nashville were equated on the basis of CA and IQ and divided into three groups: training group, officials group, and controls. Training and officials groups were removed from regular classrooms five days per week for four weeks for planned physical education lessons and planned duties of one-hour duration. Each day the training group was given a greater challenge than the previous day. Officials group met daily with the training group; their duties included rating the trainees on each exercise, as to whether they performed it good, fair, or poor, keeping daily records of pull-ups, times, and distances, and serving as starters, judges, etc. Evaluative instruments consisted of the WISC, AAHPER Youth Fitness Test, and Cowell Personal Distance Scale.

Pertinent findings were: (1) *WISC (IQ)*—only significant changes were found to exist between the training and control groups for full scale and verbal scale; no significant differences at all were found among the three groups on the performance scale; (2) *AAHPER Youth Fitness Test*—the training group made significant gains over both the officials and control groups on all seven measures of physical fitness; there were no differences between officials and control groups except on the 50-yard dash where controls surpassed the officials; training group made gains on all test items while the officials lost on all tests; and (3) *Cowell Personal Distance Scale*—no significant differences in mean gain scores among the three groups.

EDWIN H. ELKIN AND ERWIN FRIEDMAN. *Development of Basic Motor Abilities Tests for Retardates: A Feasibility Study*. American Institutes for Research (8555 Sixteenth Street, Silver Spring, Maryland) and Jewish Foundation for Retarded Children (6200 Second Street, N.W., Washington, D.C.) February 1967.

The purposes of this study were to adapt several psychomotor and physical proficiency tests for use with the mentally retarded; to use these modified tests to measure performance in a selected population (30 male, CA 6-25; 11 female, CA 8-24; IQ 18-76, $\bar{X}$-43; 18 residents and 23 day care); to develop prototype *ability profiles* on individual retardates; to determine the usefulness of these tests with a retarded population; and to explore relationships between performance measures and age, sex, IQ, retardate classification (Mongolism and Heber classification), major impairment symptoms, and factors such as housing (residential vs. day care), behavior problems, and drug use.

A preliminary selection of 18 psychomotor and physical proficiency tests was made, modified instructions prepared, and trial runs made on the test items. Of the tests originally considered, three psychomotor (simple visual reaction time, track tracing, and Minnesota Manipulation Test) and five physical proficiency measures (bend, twist, and touch test of dynamic flexibility, twist and touch test of extent flexibility, hand grip test of static strength, standing broad jump test of explosive strength, and the rail balance test of gross body equilibrium) were finally selected. Two test administrators working three days a week for five weeks collected data on three subjects per day. Mornings were devoted to physical proficiency testing and afternoons to psychomotor testing.

Results were interpreted in terms of the usefulness of the tests in measuring retardate performance and as to the nature of the performances measured.

Tests were considered useful without further modification if reliability coefficients were over $r = .85$ and if over 80 percent of the retardates were testable. Three of the eight tests needed further modification (hand grip, rail balance, and bend, twist, and touch). The three tests most useful in terms of the above indices were the standing broad jump, Minnesota Manipulation, and simple visual reaction time.

Results from the analyses were regarded as only suggestive rather than definitive. No clear-cut trends were established from a two-way analysis of variance for any of the criteria measures. A complete intercorrelation matrix was prepared for all factors and tests. While there were a number of significant correlation coefficients, none exceeded $r = .58$.

Two hypotheses were drawn from the study: (1) retardate motor abilities may be assessed by modifying existing tests of basic motor abilities, and (2) ability tests may serve as indices of retardate development and may eventually provide the basis for assigning retardates to skill training programs specifically geared to their underlying abilities.

Challenge RESEARCH

Warren R. Johnson and **Richard Hendricks**. "Management of Speech Handicaps in Clinical Physical Education." *Journal of the Association for Physical and Mental Rehabilitation,* March-April, 1964 (Vol. 19, No. 2), pp. 45-46.

A large number of the children participating in the program of the Children's Physical Developmental Clinic at the University of Maryland, regardless of the reason for their referral, have had some type or degree of speech handicap. Some children had never talked, others had disorders such as poor articulation and stuttering, while still others had difficulties associated with brain injury.

The speech of 90 children (mean age, 10 years) was evaluated by a speech therapist who asked the children to verbally identify pictures of various animals and objects that were well known to them. Evaluations of the quality of speech were made by the therapist. Nearly 40 percent of the children gave evidence of some type of speech problem. In contrast, about 5 percent of school-age children may be expected to have speech problems.

Some children began talking for the first time in the Clinic. Others demonstrated improved ability to communicate verbally after being involved in the Clinic program. There is no simple explanation of such developments, but the following would appear to be important:

1. In the Clinic situation, the child is accepted in *toto* as a respected person, his particular speech disorder along with the rest of him. Under such conditions of respect, acceptance, and friendliness, children sometimes acquire a desire to communicate at verbal levels, communication at nonverbal levels having proven gratifying in the fun-activity program.

2. Some speech problems are evidently due to or aggravated by stress imposed upon the child because of his life circumstances. Some children described as stutterers or who exhibited other symptoms of speech disfunction may lose all of these symptoms when away from their parents and in the fun situation of the Clinic and regain them promptly upon being returned to their parents. The stress-free and noncompetitive situation provides an opportunity to help the child build confidence and to become better able to deal with stress and very possibly increases his ability to respond to speech therapy.

3. In some cases, retarded speech development is benefited markedly by the mere fact that the clinician in the physical activity program is willing to *listen* to what the child has to say. Many children slow in learning to talk have simply not been afforded the opportunity to participate in meaningful verbal communication. They sometimes talk continually about their interests and reactions when someone is willing to listen to them.

4. Except in close cooperation with a qualified speech therapist, the physical educator should make no effort whatever to correct a speech handicap. Speech problems can be and often are aggravated by amateur efforts at therapy.

Wayne L. Sengstock. "A Comparison of the Performance of EMR Boys with Performance of Intellectually Normal Boys on AAHPER Youth Fitness Test Battery." Doctoral dissertation, Syracuse University, June 1963.

Thirty mentally retarded boys (CA 10-11 to 15-4; IQ 60 to 80; MA 7-5 to 12-3) were compared with 30 intellectually normal boys of comparable CA (old normal: CA 10-9 to 15-2; IQ 92 to 107; MA 10-0 to 15-10), and with 30 intellectually normal boys of comparable MA (young normal: CA 6-11 to 11-7; IQ 91 to 110; MA 7-3 to 12-2) in performances on tests of physical fitness. Subjects were selected from five schools in Onondaga, New York, in such a way that the two normal groups came from the same schools as their matched EMR counterparts. There were no significant differences among the groups on the basis of socioeconomic class. Evaluation instruments were the AAHPER Youth Fitness Test, Wechsler Intelligence Scale for Children, and Warner's Index of Status Characteristics.

Pertinent findings were: (1) physical fitness of the EMR boys was inferior to that of the old normal group—analyses resulted in significant differences for all test items except for raw and percentile comparisons of pull-ups and for percentile comparisons of the 50-yard dash; and (2) physical fitness of the EMR boys was superior to that of the young normal group—analyses resulted in significant differences for all test items except for sit-ups, in which the young normals surpassed the EMR group, and for pull-ups.

Several important implications of the study were suggested by the investigator. The policy of placing EMR boys with their CA peers for physical education is open to serious question if the underlying assumption is that motor performance of the two groups will be comparable. The principles involved in a physical fitness program for the mentally retarded are identical to those involved in physical fitness programs for normal children. There appeared to be a relationship between intelligence and motor performance, but its extent could not be determined.

Jack R. Leighton, Marion Cupp, Alfred J. Prince, Donald E. Phillabaum, and **George L. McLarren**. "The Effect of a Physical Fitness Developmental Program on Self-Concept, Mental Age and Job Proficiency in the Mentally Retarded—A Pilot Study in Corrective Therapy." *Journal of the Association for Physical and Mental Rehabilitation,* January-February, 1966 (Vol. 20, No. 1), pp. 4-11.

The primary purpose of the program described was to raise the level of physical fitness of a group of mentally retarded males. The medical, psychological, and sociological implications of such a program were also studied.

Subjects consisted of ten retarded males who were registered for vocational assistance with the Spokane, Washington, office of the State Division of Vocational Rehabilitation. Twenty-six periods of two hours each, spaced on successive Monday, Wednesday, and Friday evenings, were allotted for the project. Ten student instructors worked with the subjects, so that each was afforded individual attention. There were four principal parts: strength developing activities, endurance developing activities, coordination developing activities, activities for socialization.

Although it was recognized that the number of cases in this study was relatively small and the amount of time allotted for the conduct of the program was minimal, nevertheless there appeared to be some points worthy of note: (1) The subjects as a group scored very low on the initial strength test and possessed equally low physical fitness indexes. As a group, they scored very low on the initial Brouha Step test indicating a low level of cardiorespiratory endurance. The subjects appeared to be loners who did not enjoy social acceptance to any extent outside the family circle and not always there. The subject's concept of himself and the family's concept of him in terms of his potentialities were not very high. (2) The strength scores and accompanying physical fitness indexes of the group were raised during the conduct of the study, although the gain was not significant. (3) The endurance scores for the group were raised significantly during the conduct of the study with half of the subjects showing increases in excess of 200 percent. (4) There appeared to be a positive increase in the self-concept of the subjects following participation in the program utilized in this study. (5) There appeared to be a positive shift in the mental age ratings. (6) One subject—the only one on whom evidence was available—registered a greater rate of productivity (planted more trees) in his second year than he did in his first year.

DOLORES M. GEDDES. *A Determination of the Influence of Mobility Patterning Techniques upon Selected Motor Skills of Primary Educable Mentally Retarded Children.* Master's thesis, Colorado State College, Greeley, August 1967.

This study was designed to determine the influence of mobility patterning techniques (crawling, creeping, and walking) as compared to special physical education activities upon selected motor skills of primary educable mentally retarded children in Boulder Valley, Colorado, Public Schools. Two classes were treated and tested as intact units. Only seven subjects per group could be included in the statistical analyses because of those eliminated due to gross physical handicaps and changes in class enrollment. Individuals in the experimental group were taught mobility patterns in crawling, creeping, and walking appropriate to their level of development. These same patterns were incorporated into gymnasium games and relays for this group. The control group received instruction and practice in tumbling, ball handling, self-testing, trampolining, rope climbing, and simple relays. Both groups had daily thirty-minute classes Monday through Friday, except holidays, for approximately three months. Pretests were administered in September and posttests in December 1966.

Measures of motor performance included leg power (Cowan-Pratt hurdle jump and the standing broad jump), dynamic balance (rail walking test), agility (an agility run), and fine manual coordination (matchstick item from the Oseretsky test). Only in performance of the standing broad jump were scores of the control group significantly better than those of the experimental group. Differences in the hurdle jump approached but did not quite reach significance. In terms of leg power, it appeared that the special physical education program contributed *more* than did the mobility patterning techniques. There were nonsignificant differences among the test items measuring the other motor abilities. For the development of these traits both programs appeared to contribute equally.

JOHN R. KERSHNER. *An Investigation of the Doman-Delacato Theory of Neurological Organization as It Applies to Trainables in the Public Schools.* A report prepared by the Division of Cooperative Research Studies, Bureau of Administration and Coordination, Department of Public Instruction, Commonwealth of Pennsylvania, Harrisburg, May 1967.

The objectives of the study were to determine the effects of a four-month program of physical activities consistent with the Doman-Delacato theory of neurological organization on the physical and intellectual development of trainable mentally retarded children. Two classes of trainables, 13 experimentals (CA 8-18) and 16 controls (CA 8-17), were used in the study. The experimental and nonspecific activity control programs were administered by the staffs of the respective schools. Department of Public Instruction evaluators administered pre- and posttests in order to measure crawling and creeping ability, motor development, and intelligence. Analysis of pretest data indicated that the groups were reasonably matched.

A 48-point scale was employed to measure crawling and creeping performance, testing a very basic assumption of the Doman-Delacato position: that crawling and creeping performance improves through participation in crawling and creeping activities. An adaptation of the Oseretsky tests of motor development was employed to measure motor development, testing an explicit contention of the Doman-Delacato position: that recapitulation of early physical developmental sequences is prerequisite to the performance of more sophisticated motor skills not practiced. The Peabody picture vocabulary test was employed as a measure of IQ. Delacato utilizes mobility functioning as an index of the level of neurological organization a child has attained. Neurological organization, however, implies a concomitant change in cognitive functioning. Hence, if crawling and creeping performance improves, there must be a corresponding improvement in intellectual proficiency according to the Doman-Delacato neurophysiological model.

Both groups yielded significant gains in motor development with no significant pretest, posttest intergroup difference. Comparisons on mobility and IQ yielded statistically significant gains in favor of the experimental group. Findings suggest the Doman-Delacato techniques may be beneficial through application via a developmental, sequentially structured physical education program with trainables in public schools.

The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood—who knows the great enthusiasm, the great devotions, and spends himself in a worthy cause. —THEODORE ROOSEVELT

Challenge RESEARCH

John L. Carter. "The Status of Educable Mentally Retarded Boys on the AAHPER Youth Fitness Test." *Texas AHPER Journal,* May 1966, p. 8.

This study attempted to provide tentative data regarding the physical fitness of mentally retarded boys as compared with nonretarded boys of the same chronological age. Subjects consisted of 44 retarded boys (CA 10-15) who were enrolled in seven different special education classes for educable mentally retarded children. Eight boys were in a daily physical education program with nonretarded boys. All of the retarded boys had been given the AAHPER Youth Fitness Test. Thirty-five nonretarded boys, for whom recent scores on the Youth Fitness Test were available, were randomly selected from the eighth and ninth grades of the local high school. All nonretarded boys were enrolled in a 45-minute daily physical education program.

Pertinent findings included: (1) raw and percentile scores for the nonretarded group were higher on all of the test items than the comparable scores of the retarded group; (2) the total percentile score for the group of eight retarded boys who participated in a physical education program was essentially the same as the national norms; (3) retarded boys in the physical education program scored higher than the retarded boys not in a program on every test item but one (pull-ups); (4) the scores of the retarded boys and the national average were more homogeneous than the scores of the nonretarded and the national average; and (5) being enrolled in an organized physical education program resulted in near average physical fitness scores for retarded boys. The investigator concluded that, based on this small sample of retarded boys, near average scores on the Youth Fitness Test could be attained if the boys were given an opportunity to participate in an organized physical education program.

G. Thomas Graf, Elmer Namy, and **Stephen Woitovich.** *The Influences of Intelligence, Social Maturity, and Chronological Age on the Ability of Trainable Retardates to Learn Swimming Skills.* Unpublished study done at the Ashtabula County Retarded Children's School, Ashtabula, Ohio.

The purpose of this study was to investigate pertinent factors which might contribute to the acquisition of basic swimming skills among a selected group of trainable mentally retarded children. Subjects were 24 (16 males and 8 females) trainable mentally retarded children enrolled in the Ashtabula (Ohio) County Child Welfare Board's Retarded Children's Day School. All subjects lived at home and were transported to and from school by bus. Stanford-Binet intelligence quotients ranged from 27 to 53 ($\overline{X} = 39.3$); chronological ages were between 7-4 and 17-4 ($\overline{X} = 12.5$); social quotients, obtained through the Vineland Social Maturity Scale, went from 47 to 88 ($\overline{X} = 61.3$); and achieved swimming scores, based on "The Progressive Swimming Check List and Progress Record" from *Swimming for the Mentally Retarded* (Richard L. Brown, 1958) were between 5 and 35 ($\overline{X} = 15.42$) where a score of 36 was the maximum obtainable.

Ten consecutive days of swimming instruction, each lesson lasting 70 minutes, were offered to the children at the Ashtabula YM-YWCA. A maximum pupil-instructor ratio was three to one. Only individuals who had perfect attendance for the ten sessions were used as subjects for the study. As far as the investigators could determine, none of the children had ever been exposed to formal swimming instructions. Every instructor was responsible for rating his assigned pupils at the end of each daily session.

Calculations of coefficients of correlation were done for the data from the pertinent variables. Obtained correlations in all cases were slight to moderate: (1) .25 between swimming scores and chronological age, (2) .32 between swimming scores and social quotients; and (3) .44 between swimming scores and IQ. These findings indicate that among the characteristics studied, intelligence was the most influencing factor involved in predicting the retardate's success for acquiring swimming skills.

Research Report. "Therapeutic Recreation for the Profoundly Retarded."

The Woodbine, New Jersey, State Colony has completed two years of a National Institute of Mental Health grant under the Hospital Improvement Project program entitled "Therapeutic Recreation for the Profoundly Retarded." This program was proposed to demonstrate the feasibility of providing cottage-centered recreation activities for over 300 profoundly retarded males ranging in age from 6 to 46. To date, all indications lead us to assume that, even at this level of mental functioning, positive behavior will result if retarded persons are given the opportunity to explore constructive play under professional guidance and supervision. The reduction of withdrawn behavior, stereotyped movements, aggressiveness and destructiveness, along with improved toilet habits, strongly suggests that recreation activities have a positive influence on general behavior. The program, as it was carried out, also demonstrated to cottage parents the need for and rewards of activities for retarded individuals. The problems that existed in putting the program in operation were far outweighed by the level of benefits.

As the program goes into its third year, the institutional administration has shown much interest in recreation. They have added 11 new members to the former two-man recreation staff. This enables both the recreation grant personnel (7) and the regular recreation staff members (13) to provide intensive and extensive activities for the residents. Project director is William A. Hillman.

Research Report. "English Study Supports Special Training for Teaching the Retarded."

F. K. Smalley has reported (*Special Education,* Summer 1965) on three groups of six boys drawn respectively from (1) a secondary modern school, (2) a residential ESN (educationally subnormal) school, and (3) a day ESN school who were tested for strength, speed, coordinated actions, stamina, standing jumps, and questioned about their attitudes toward physical education. He reported that the ESN schoolboys showed the poorest performance, the residential ESN boys the next, and the secondary modern schoolboys the best.

Challenge RESEARCH

W. Owens Corder. *Effects of Physical Education on the Psycho-Physical Development of Educable Mentally Retarded Girls.* Doctoral dissertation. Charlottesville: University of Virginia. June 1969.

The purpose of this study was to investigate whether an extensive physical training program affected significant improvement in certain physiological and phychological characteristics of mentally retarded girls (*N* - 30; *CA* 11-9 to 15-9; *IQ* 50 to 80). Evaluative instruments included WISC (intellectual development), Children's Self-Concept Scale, (self-concept), Crampton's Blood Ptosis and Gallagher-Brouha Test for Girls (cardiovascular efficiency), Lange's Standardized Skinfold (skinfold changes), and weight changes. An experimental group (*N* - 15) met five times per week, one hour per day, for 30 days for active participation in a structured, progressive, and systematic physical education program. During this same period a control group (*N* - 15, closely equated with experimental group) met and participated in a variety of quiet activities involving little gross movement or motor activity. The experimental group showed significant improvement over the control group in self-concept and showed a greater loss of subcutaneous fat. The experimental group gained significantly over the control group on five of the seven measures of the Youth Fitness Test (sit ups, shuttle run, 50-yard dash, softball throw, and 600-yard walk-run). No significant changes were recorded in other measures.

Lawrence Eton Sava. *The Effects of a Consultant Physical Education Program on the Physical Fitness of Educable Mentally Retarded Children.* Master's thesis. Lubbock: Texas Technological College. August 1968.

This study purported to determine the effects of a specific consultant physical education program on physical fitness of EMR children (*N* - 21; *IQ* - 50 to 75; *CA* - 9 to 12). The program (eight weeks, five days per week, half-hour sessions) involved a consultant trained in physical education for the mentally retarded and a classroom teacher with training in special education but no formal training in physical education. The experimental group (6 boys, 5 girls) participated in a physical education program developed by the consultant and implemented by the classroom teacher. The control group (7 boys, 3 girls) participated in a program best described as free nondirected play. The AAHPER Special Fitness Test for the mentally retarded was administered to both groups before and after the special program. The experimental group improved significantly on only sit-up and 300-yard run-walk items; the control group showed no significant change on any of the seven test items. In addition, there were no significant differences between the two groups on any of the test items nor on the composite score of all items.

Ken McLaughlin. *To Determine the Effect of a Program of Progressive Physical Exercise on the Physical Fitness of Institutionalized Mentally Retarded Adult Males Suffering from Tuberculosis.* University of Western Ontario. (London), April 15, 1968.

This study attempted to determine the effect of a program of progressive physical exercise (RCAF 5BX program) on the physical fitness of institutionalized mentally retarded males (*N* - 11; *CA* 26-9 to 46-5, x – 37-7; *IQ* 39 to 81, x 54.8) who at one time or another had active tuberculosis. The control group was, on the average, older, less intelligent, and in worse physical condition than the experimental group. Measures of balance, agility, speed, strength, power, muscular endurance, coordination, and organic fitness were administered to both experimental and control groups at the beginning and end of the special program, which extended over 11 weeks. The control group had no significant change between pre- and post-tests in any of the measures. On the other hand, the experimental group showed significant progress in strength (.05); balance, power, agility, and speed (.01); and muscular endurance and coordination (.001). No significant gains were shown in organic fitness. A positive but low correlation (.30) was found to exist between the physical performance and IQ of the experimental group.

Conclusions drawn from the study included the following:

1. Physical fitness of institutionalized mentally retarded adult males suffering from tuberculosis can be improved significantly by participation in a planned and progressive program of physical exercise;
2. No definite relationship existed between IQ and physical performance in this study;
3. Patient reaction to the program was encouraging and the program was felt to be definitely worthwhile.

Recommended Reading

Geddes, Dolores. "Special Physical Education for Mentally Handicapped Children." *Education and Training of the Mentally Retarded* 4: 32-35; February 1969.

Hodges, Alton. "Safety in Physical Education for the Mentally Retarded." *TAHPER Journal* 37: 10, 30-31; May 1969.

Joy – Journal on the Handicapped Child. Charleston, West Virginia: Commission on Mental Retardation. Spring 1969. (Entire issue devoted to recreation, physical education, swimming, and outdoor education for the mentally retarded.)

Palumbo, Grace; Grecco, Joseph; and Sanicki, Edward. "Games for the Mentally Retarded." *NJEA Review* 43: 16-17; November 1969.

Taylor, T. William. "Tube Play." *Young Children.* September 1969; pp. 364-67.

Challenge RESEARCH

Bryant J. Cratty. *The Perceptual-Motor Attributes of Mentally Retarded Children and Youth.* Los Angeles, California: Mental Retardation Services Board, August, 1966.

A battery of tests was constructed composed of tasks to evaluate six perceptual motor attributes of mentally retarded youth: body perception, gross agility, balance, locomotor agility, throwing behavior, and the ability to track balls. This battery was designed to be administered in periods of 20 to 30 minutes with a minimum of equipment by individuals who could be trained in about two hours.

In the first phase of the project, 83 children were tested to determine the reliability of the tests (r's .75 - .84) and of the total battery (r .92). During the second phase of the project, 116 additional children were tested. The scores of 93 of these subjects were combined with those initially tested (total N-176; CA 5 - 24 years with a mean age of 11.40) in order to draw conclusions relative to intergroup differences, to arrive at implications for educational programs for the mentally retarded, and to formulate norms for the perceptual motor abilities of the trainable (TMR) and educable (EMR) mentally retarded, for children with Down's Syndrome, and for educationally handicapped (EH).

Major findings include the following: 1. Age and IQ were moderately correlated with the scores in the total battery (.54 and .63 respectively). 2. The mean scores for all the tests taken by the EMR's and EH's were significantly superior to the scores achieved by the TMR's. 3. Most inferior were children with Down's Syndrome, especially in tests of balance. 4. There were higher interest correlations when the scores of the TMR's were contrasted than when similar measures of the EMR's were compared. 5. Over 90% of the TMR's and EMR's showed appropriate cross extension patterns when crawling and walking. 6. Developmentally the EMR's and EH's had their best performances during late childhood and early adolescence, with some deterioration noted in their performance means in late adolescence and early adulthood. 7. The Mongoloid child evidenced gradual improvement with age in tests evaluating body perception, agility, and tracking, with no significant improvement noted in balance, locomotor agility, and throwing. 8. All groups had difficulty in correctly distinguishing left and right body parts.

G. Lawrence Rarick, James H. Widdop, and Geoffrey D. Broadhead. *The Motor Performance and Physical Fitness of Educable Mentally Retarded Children.* Madison, Wisconsin: University of Wisconsin (Department of Physical Education), 1967.

This investigation was designed to determine the motor performance and physical fitness of educable mentally retarded children (CA 8 to 18) in American public schools (N-4,235 from 241 schools in 21 continental states) and to develop norms based on the findings. Consideration was also given to identifying the factors which account for individual differences in the fitness levels of those children.

A slightly modified version of the AAHPER Youth Fitness Test was used at all age levels for both sexes. Modifications were made in three of the seven tests: (1) the pull-up test for boys was changed to the flexed arm hang; (2) the sit-up test for both boys and girls was changed from the number of sit-ups in an unlimited time to the number executed in one minute; and (3) the 600-yard run-walk was changed for both sexes to the 300-yard run-walk. The shuttle run, the standing broad jump, the 50-yard dash, and the softball throw followed the procedures as outlined in the *AAHPER Youth Fitness Test Manual.*

The results disclosed that both boys and girls at all age levels were substantially retarded in mean performance on all test items in comparison with children of normal intelligence. The age-by-sex trends in performance on the several tests followed the same trends noted in normal children, although the retarded children of both sexes were two to four years behind the performance levels of normal children of similar age. Sex differences in performance of the mentally retarded were similar to those noted in normal children, the boys being on the average superior to the girls in all tests at all age levels. The performance of the boys was found to increase almost linearly with CA, which is characteristic of boys of normal intelligence. The performance curves of the educable retarded girls plateaued at 12 to 13 years of age following the pattern noted in girls of normal intelligence.

The intercorrelations among the physical fitness test items showed that the relationships among the test items were positive but low at all age levels for both sexes. Except for correlations in the range of .40 to .70 among the test items requiring speed of muscular response, almost all others were below .30. The magnitude of the correlations and pattern of correlations by age and sex were similar to those reported in investigations on children of normal intelligence.

Percentile norms have been set up separately for boys and for girls with the children classified according to (1) chronological age and (2) by the Classification Index. A growth chart is also included, which enables the teacher to maintain in graphic form a record of the child's year by year progress on the seven test items, appropriately set up so that the child's percentile position, as well as raw score changes, can be read directly from the graph.

Amiel Solomon and Roy Pangle. *The Effects of a Structured Physical Education Program on Physical, Intellectual, and Self-Concept Development of Educable Retarded Boys.* Nashville, Tennessee: George Peabody College for Teachers (Department of Health and Physical Education), 1966.

It was the purpose of this study to assess for mentally retarded boys the changes in physical, intellectual, and self-concept development as a result of a structured physical education program. Four intact groups of 41 educable mentally retarded boys (CA's 13-5 to 17-4; IQ's 47 to 85) were assigned randomly to four treatments: B_1—Physical Education (Immediate Reinforcement); B_2—Physical Education (Remote Reinforcement); B_3—Quiet and Table Games; and B_4—Control. The experimental period covered eight weeks, during which the three treatment groups met daily with the investigator for an instructional period of approximately 45 minutes. The control group concurrently followed a regular daily schedule to which the other groups would have been subjected had it not been for their participation in the study. N's for the four groups were 12, 12, 11, and 6.

Before and after the experimental period data were obtained on measures of IQ (1937 S-B, Form L), physical fitness (50-yard dash, sit-ups, pull-ups, and predicted AAHPER Youth Fitness Test total score), dynamometrical grip strength, level of aspiration (Clarke and Stratton technique), locus of evaluation and control (CLOE-C Scale), and self-concept (Piers-Harris Self Concept Scale). In addition, follow-up data were collected six weeks after the experiment's termination to determine the stability of significant gains demonstrated over the treatment period. Intelligence testing was performed by qualified and experienced psychological examiners; all other procedures were administered by the investigators.

From the post-test and follow-up data analyses, the following major conclusions seem to be supported:

1. Levels of physical fitness performance in educable mentally retarded boys can be improved as a result of an eight-week structured program of physical education. The degree of improvement was such that postexperiment and follow-up comparisons for the AAHPER Youth Fitness Test showed that achievement levels of the retardates *exceeded* those of appropriately aged nonretardates.

2. Differentiating physical education activities on the basis of an immediate reinforcement (knowledge of results) factor resulted in significantly more improvement over the experimental period in two of the four physical fitness criterion variables (pull-ups and 50-yard dash).

3. Significant gains demonstrated at the end of the experiment remained significant over a six-week postexperiment follow-up period. However, differences in the corresponding *t* test comparisons were noted, the most consistent change being equal effectiveness of both immediate and remote physical education activities.

4. Whatever Hawthorne effect might have been operating did not manifest itself in terms of physical fitness improvement over the experimental period.

5. Results of this investigation do not support the role of physical education in contributing to significant IQ improvement in populations of educable retardates.

6. Grip strength, used frequently as an adjunctive measure of physical fitness, was not significantly improved as a result of the eight-week program of physical education.

7. Although in many cases favorable and predicted changes were noted, level of aspiration, locus of control, locus of evaluation, and self-concept were not changed significantly as a result of the various treatments.

ROYAL L. GOHEEN, "The Development and Evaluation of Three Types of Physical Education Programs for Educable Mentally Retarded Boys." Doctoral dissertation. Boston University, 1967. (Supported by Small Grant Demonstration Program in the Education of Handicapped Children, DHEW-32-31-0130-6020.)

This study attempted to determine the effects of three types of physical education programs (skill-oriented, play-oriented, and free play) upon the physical fitness (as measured by the AAHPER Youth Fitness Test Battery), motor ability (as measured by the Latchaw Motor Achievement Test), and social adjustment (as measured by the Cowell Social Adjustment Index) of residential school educable mentally retarded boys (N-82; CA—10-15).

The skill-oriented program was developed primarily with the emphasis on progressive skill development through constant drill and practice and with classes organized formally. Content consisted of progressive skills and skill sequences leading up to participation in modified games of soccer and volleyball and progressive individual stunts, tumbling, and apparatus activities. The play-oriented program was developed with the emphasis on organized play activities and with classes organized in a semiformal manner. Content consisted of low-organized games and activities, related lead-up and modified games of soccer and volleyball, and organized play activities involving stunts, tumbling, and apparatus. The free play activities —both group and individual—were selected by the boys themselves. Skills inherent in these activities were not explained, demonstrated, or practiced. Each of the programs was presented three times per week for 15 school weeks (45 class periods).

Major findings include the following:

1. The performance of the skill-oriented group indicated significant improvement in a greater number of test items and a mere uniform improvement in terms of motor ability than either of the other groups.
2. The play-oriented group had a stronger showing on the standing broad jump (an item which combines leg power with coordinated body movement) than the other two groups.
3. The data of the study, while not conclusive, indicated that the play-oriented group offered the best opportunity for promoting social adjustment within these physical education program structures.
4. The significant improvement in both variations of the shuttle run by the skill and play-oriented groups indicated that both types of physical education programs contributed to increased agility.
5. The free play group which thrived on softball and individual ball activities showed their only significant improvement on these items closely related to the activities in which they had participated during the program.
6. There was little evidence to suggest that the play-oriented program was superior to the free play program.
7. Problems of discipline were noted most often in the skill-oriented group. Reasons suggested for this included the regi-

mentation of class organization that was constantly maintained, the total emphasis upon practice of skills, and the little chance for the boys to unwind or to have fun.

8. This study showed the importance of early success to the EMR boy and the fact that the play-oriented program seemed to afford the best opportunity for this to occur.

9. The results indicated that EMR boys did thrive on competition and that, as with the nonretarded boy, competition did provide motivation.

10. The results suggested that grouping according to age would be advantageous.

11. The study indicated that EMR boys must understand what is expected of them to prevent their becoming frightened and balking at meaningful participation.

12. Structural warm-up activities can be administered to EMR boys. However, less emphasis should be placed on perfection and/or counting, with more on minetics and opportunity for self-expression.

The Florida State University Diagnostic Battery of Recreative Functioning of the Trainable Mentally Retarded has been developed by Jean Mundy, Department of Physical Education and Recreation, Florida State University, Tallahassee. It is composed of the Purdue Perceptual Motor Scale and the Mundy Recreation Inventory for the TMR. It is designed to assess the present recreative functioning level of the individual. It attempts to answer the question, "What is this individual capable of doing *right now?*" and is designed to be a *guide* for activity selection, evaluation, and modification. Although the Recreation Inventory can provide definite guidelines to programing based on a more systematic method of assessment, it must be pointed out that the art of successfully individualizing recreation programs still lies in the hands of the talented, highly trained, creative recreationist.

Amiel H. Solomon. *Motivational and Repeated Trial Effects on Physical Proficiency Performances of Educable Mentally Retarded and Normal Boys*. Doctoral Dissertation. George Peabody College, Nashville, Tennessee, 1968. Published as *Behavioral Science Monograph Number 11*, Nashville, Tennessee: George Peabody College, Institute on Mental Retardation and Intellectual Development, 1968.

This study was designed to assess the effects of different motivational incentives on the physical proficiency of EMR and normal boys, over a series of repeated trials. Subjects (N-81; CA 14-0 to 11-11) included two groups of educable mentally retarded boys (public school and institutional; IQ 51-80; MA 6-7 to 12-2) and one group of normal males (IQ 89-123; MA 12-11 to 18-3). Both the public school EMR's and the normal group came from West Nashville Junior High School, Nashville, Tennessee, and the institutionalized EMR group came from the Partlow State School and Hospital, Tuscaloosa, Alabama.

Each of the main groups was randomly subdivided into three subgroups of nine each, so that the three motivational incentives could be applied—basic motivation (BM), continuous verbal encouragement (CVE), and continuous verbal encouragement plus monetary reward (CVEMR). Monetary reward was based upon a graduated scale and the amount received (five to 15 cents) was dependent upon the extent of improvement over a previous best performance. Each subgroup received ten trials on each of five physical proficiency items—standing broad jump, shuttle run, bent arm hang, 50-yard dash, and softball throw for distance.

In evaluating the study's results, the following conclusions seem justified:

1. The kind of motivational incentive utilized is important to both EMR and normal boys. The CVE and CVEMR incentives proved to be superior to the BM incentive for both the EMR and normal groups. Although the highest incentive (CVEMR) demonstrated significance over the CVE incentive for the EMR boys, this was not the case for the normal boys, who responded equally well to both the CVE and CVEMR incentives.
2. Performances of normal boys were superior to those of EMR boys, regardless of the motivation being administered, and with only two exceptions these differences were statistically significant.
3. The monetary reward incentive (CVEMR) elicited the best performances for both EMR groups. Since this was not the case for the normal boys, this finding supported the feeling that the EMR is more highly attuned to material reward than is the normal boy.
4. Institutionalized retardates' performances, although inferior to those of normals, were superior to those of public school retardates with the material incentive (CVEMR). Although there was a great similarity of performances under the BM and CVE incentives between the two EMR groups, this was not observed on the CVEMR incentive. The institutionalized group's performances significantly surpassed those of the public school retardates in the standing broad jump, bent arm hang, and 50-yard dash. There were no significant differences in the shuttle run and softball throw. Additional investigation is needed to help clarify this unexpected result.
5. Although on the average no group reached its peak performance before the third trial, trends were not significantly different between EMR's and normals. Analyses divulged that multiple trials, on the whole, were helpful to both the EMR and normal boys. For certain items, performances continued to improve as late as the tenth trial. Analyses revealed a linear statistical relationship for both groups in a majority of instances. The unexpected was not that it took the EMR boys a number of trials before their best efforts were forthcoming but that similar trends were noted for the normal boys.

Challenge RESEARCH

Harry D. Wagner. "The Effects of Motivation and Repeated Trials on Physical Proficiency Test Performance of Educable Mentally Retarded Girls." Doctoral dissertation. George Peabody College, Nashville, Tennessee. August 1967.

This study was designed to determine the effects of selected motivating conditions on the physical proficiency test performance of public school educable mentally retarded girls (N-9; CA 12-16; IQ 55-82; MA 5-9—9-2) and their normal chronological (N-12; CA 13-4—14-2; IQ 97—121; MA 13—16-8) and mental (N-12; CA 7-9—8-9; IQ 96—114; MA 7-9—9-9) age peers. An attempt was made also to determine the effect of repeated trials on these same physical proficiency measures and to compare the patterns of performance of the retarded over trials with those of normal chronological and mental age peers.

Measures of grip strength, volleyball throw for distance, standing broad jump, and the 30-yard dash were taken to represent various aspects of motor development. Each was presented under standard instruction, active encouragement, and candy reward motivating conditions. Order of presentation of the motivating conditions counterbalanced the effect of practice on physical performance. The tests were administered during the regular physical education period of 40 minutes daily, and lasted for three and a half weeks. All subjects performed each of the test items in twelve trials.

General conclusions arising from the study were as follows:

1. All three groups of subjects performed significantly better when active encouragement was added to standard instruction; all three groups showed another significant increase when candy reward was added to active encouragement. The size of the performance increments through increased motivation varied for the EMR, normal CA, and normal MA groups with the most dramatic differences for EMR girls coming through the addition of candy reward. It was this motivation level that EMR girls performed most nearly at the level of their CA peers. The order in which the motivating conditions were applied made some significant differences among the EMR and the normal MA groups also, with both groups showing the greatest improvement when motivation levels were ordered from lowest to highest.

2. No group of subjects reached maximum performance on the physical proficiency measures before the third trial; the EMR group did not reach maximum performance until the middle and late trials of the 12 attempts allowed. On the 30-yard dash and the volleyball throw the EMR group did not reach maximum performance until the eleventh trial, the eighth trial on group strength, and the ninth trial on the standing broad jump. Both normal groups reached maximum performance at about the third trial and no later than the fifth trial on any proficiency measures. It was observed also that once maximum performance was attained, it was not sustained by any group.

3. There were major differences between the abilities of EMR subjects and their normal chronological and mental age peers on measures of physical proficiency. The performance of the CA group was significantly better than that of the EMR group on all measures over trials except the grip strength measure, where the EMR's surpassed the performance of the CA's in the late trials. The EMR group scored significantly better than MA subjects on all measures over trials. There was also a general decline between CA and EMR subjects' performances over trials.

Jacqueline Phillips. *A Study of Fourteen Blind Mentally Retarded Students in an Experimental Program of Physical Education Activities.* Master's Thesis, Texas Woman's University, Denton, Texas, August 1966.

This investigation entailed the development, presentation, and evaluation of an experimental program of physical education activities for fourteen blind mentally retarded children (CA 8-18) enrolled in the academic program of the Denton (Texas) State School. In order to help each subject master selected basic movements in physical education and to participate with some degree of success on playground apparatus, the investigator worked individually with each student for a minimum of thirty sessions.

Each student's responses to the original instructional techniques used were recorded in diary form and included in comprehensive case studies, which also presented the social history, psychological status, developmental progress, leisure time interests, and previous physical education experience of each blind retarded child.

On the basis of the findings, the investigator made recommendations for planning and conducting physical education activities for blind retarded children and drew conclusions about the effectiveness of selected original techniques. She concluded that educable mentally retarded blind children can profit from group as well as individual physical education instruction and that trainable mentally retarded blind children can profit from individual instruction.

James N. Oliver. "Pilot Investigation into the Effects of Circuit Training on Educationally Subnormal Boys." Research in Physical Education, October 1966, 11-19.

The object of this study was to discover (a) whether circuit training can be used successfully with educationally subnormal boys when more attention is paid to organization and supervision, and (b) the general effect of circuit training on the boys. Twelve boys from the top class (CA: 14-7 to 16-0; IQ: 56-82) of a residential school for educationally subnormal children were selected to take part in this investigation. Eight activities of a strengthening nature were selected to form the circuit. At the beginning of the investigation each boy was given a record card and the idea of circuit training was explained. The activities were described and demonstrated, and when it was clear that the boys knew what was demanded of them, they were tested individually in order to obtain their maximum performance for each skill. The circuit was continued daily for seven days, after which the boys were retested for maximum performance again. This new score was entered on the record card, a new target was worked out and entered, and the training was continued for another ten days, when a final test for maximum performance was given.

The results show the following: (a) 87.5 percent of the boys made improvements over the range of activities of from 2 percent to 2,900 percent. (This wide variation in improvement is to be expected since it is much more difficult to show improvement in some activities than in others.) (b) Throughout the experimental period the increased enthusiasm of the boys was noticeable. The boys seemed to find this strenuous activity challenging and enjoyable, especially when they were able to record progress in their performance. They talked about this improvement, discussed it with the teacher and others in the group.

This study leaves no doubt that a program of circuit training can be used successfully with educationally subnormal boys.

DAVID AUXTER AND JOANNE SCHUCKER. *Perceptual-Motor Evaluation of the Mentally Retarded.* Slippery Rock State College, Slippery Rock, Pennsylvania.

There is a paucity of evaluative tools to assess perceptual-motor development of the mentally retarded; there are few tools to evaluate perception as it relates to moving external stimuli. The purpose of this study was to explore perceptual-motor behaviors of mentally retarded children who responded to a projectile, in order to evaluate their perceptual-motor development.

Thirty-nine mentally retarded children (IQ 40-76, X 59; CA 7-15) were selected for the study, in which a cinematographical analysis was made of them catching balls. Eight aspects of catching behavior which seemed to depict developmental levels of children were identified. They are as follows:

1. Hand-eye coordination—ability of the eye to coordinate with the hand in contacting the ball.
2. *Rebound at the instant of contact.* More advanced performers were in the process of absorbing the force of the ball as it made contact—therefore, there was no rebound.
3. *Stress in catching the ball.* Less mature performers tense the limbs or the entire body, while more mature performers possess greater relaxation over the entire span of executing the motor skill.
4. *Direction and absorption of force.* More mature catchers absorb force in the direction of the force itself, while less mature performers execute abortive movements which deter absorbing the force of the ball.
5. *Timing in absorbing the force of the throw.* More mature performers bend the arms to absorb the force of the ball; less mature performers did not take into consideration temporal factors in absorbing force.
6. *Body equilibrium in preparing for catching.* More mature performers maintained complete equilibrium throughout the catching process, while less mature performers were off balance; coping with the catching effort further impaired their equilibrium.
7. *Bilateral symmetry in catching.* More mature performers were able to synchronize both hands simultaneously in catching, while less mature performers rebounded from one hand due to inability to use both hands simultaneously.
8. *Body in relation to the ball.* Good performers moved their bodies in relation to the projection of the ball, while less adequate performers made no attempt to adjust the body position while catching.

Each of these eight factors was rated on a scale from one to six, giving a possible maximum of 48 points; this score depicted the developmental level of the children. It is hoped this evaluative tool will be useful in assessing current functioning of perceptual-motor development of mentally retarded children, thereby enabling selection of hand-eye coordination activities at the developmental level of the child. The study enabled the investigators to gain insights into the developmental stages involved in this perceptual-motor skill. Studies are under way to assess catching performance of nonretarded children, to provide normative data with which to compare the mentally retarded.

DONALD R. BYERS. *An Activity and Rehabilitation Program by Senior Citizens for Institutionalized Mentally Retarded Aged: Boulder River School and Hospital, Boulder, Montana.* Graduate Dissertation, Eastern Montana College, Billings, Montana.

This study was developed (1) to investigate the adaptability of senior citizens to an institutional system of providing services to aged mentally retarded; (2) to increase social adjustment, personal happiness, and feelings of self-worth of resident mentally retarded; (3) to investigate the feasibility of such a project at other institutions for the mentally retarded; and (4) to decrease regression patterns among aged mentally retarded through active rehabilitation programs.

Subjects were 100 aged mentally retarded residents (CA 50-72) at Boulder River School and Hospital in Montana, a residential facility devoted to the care, training, and rehabilitation of the mentally retarded. There was a growing realization that most recreational and social activities and rehabilitation services at Boulder River were geared to the younger residents, and that the aged retarded needed to be assisted, stimulated, and programed by older and more mature persons. The program included in this study attempted to meet the need of providing services for aged mentally retarded for whom no significant social or rehabilitative activities had been available prior to its initiation. Activities were selected to contribute to the restoration of the individual's physical, mental, social, emotional, economic, and vocational usefulness and included personal grooming, letter-writing, friendly conversation, games, music, dances, parties, and others designed to stimulate.

Senior citizen workers—individuals over 60 years of age, physically and mentally qualified—who served as therapists (enriching their own lives as well as the lives of others), reported to the activity director at the beginning of each four-hour shift for specific assignments. The program operated every morning and afternoon, with each senior citizen working 20 hours a week, in shifts of four hours a day, for which he received $1.50 an hour. The workers offered suggestions for program changes and improvements to the director at the end of each shift, so that senior citizens had an active part in the formulation of project activities and in the evaluation of the program itself. Daily schedules for resident therapy were published in cooperation with department heads, to provide for at least two hours a day for each aged resident; arrangements were made for transporting nonambulatory residents to therapy sessions.

Every effort was made to modify and build the program according to the needs and types of aged retarded in the school. Activities were selected with adequate consideration given to the limitations brought about by age as well as to those caused by retardation and associated physical complications. Entertainment was often more satisfactory than active participation; a good balance between the two, with emphasis upon rehabilitation, seemed to be the most effective approach.

Evaluation of the project focused on both the mentally retarded participants and the senior citizen therapists. Attitude changes of the senior citizens were assessed through pre- and post-administration of selected personality measures. The mentally retarded participants were evaluated on the basis of their scores before, during, and after the project, on such variables as (1) discharges, rehabilitation, and placement; (2) off-ward participation in other activities; (3) number of behavior incidents; (4) job participation; (5) medical complaints; (6) population movements; and (7) referral for special services.

The program was apparently successful in providing opportunities for senior citizens to assist resident aged mentally retarded to better adjust socially, feel happier, and improve their feelings of self-esteem as they developed socially, emotionally, and physically. The staff noted distinct changes in behavior patterns, in grooming, and in social interaction as progress replaced regression.

G. LAWRENCE RARICK AND GEOFFREY D. BROADHEAD. *The Effects of Individualized Versus Group Oriented Physical Education Programs on Selected Parameters of the Development of Educable Mentally Retarded and Minimally Brain Injured Children.* Madison, Wisconsin: University of Wisconsin (Department of Physical Education), August 1968.

This investigation was designed to determine the role of educational physical activity programs in the modification of motor (AAHPER Special Fitness Test and selected strength items), intellectual (Bender Motor Gestalt and Peabody Picture Vocabulary), social (sociometry and Cowell Social Behavior Trend Index), and emotional (personality questionnaires and emotional indicators from the Bender test protocols) behavior of educable mentally retarded (N-275) and minimally brain injured (N-206) children of elementary school age. Forty-nine classes of EMR and MBI children from the Pasadena, Galena Park, and Deer Park Independent School Districts of Harris County, Texas, participated in 20 weeks of instructional programs. Classes were randomly assigned by disability and age (younger, CA 6-9; older, CA 10-13) to one of four treatments: (1) individually oriented physical activity programs; (2) group oriented physical activity programs; (3) art program to assess the Hawthorne effect; and (4) usual instructional program as an experimental control. All programs were taught by the classroom teacher for approximately 35 minutes every school day during the 20-week period. The teachers were prepared for the teaching and testing programs through in-service meetings. A total of 32 tests, selected to measure the four parameters of behavior, was administered to the children prior to and at the conclusion of the experiment.

The following summarizes the findings of the research:

1. Children who participated in one of the three specially planned experimental programs were subject to significantly greater positive changes in their motor, intellectual, and emotional behavior than were children who were denied the opportunity.
2. Of the specially planned experimental programs, the physical education programs proved to be superior in modifying motor performance, the art program was superior in modifying the emotional behavior of the younger children, and each program played an equal role in modifying the intellectual behavior of the children.
3. The physical education program which was oriented toward the individual rather than the group was more successful in eliciting changes in the motor, intellectual, and emotional parameters of behavior of the children.
4. Positive changes in behavior occurred more frequently in the older than in the younger children, more often in the MBI than in the EMR children, and appeared more likely to occur in the boys than in the girls.

Challenge RESEARCH

RUDOLPH MARTIN ARGENTI. *The Effects of Systematic Motor-Training on Selected Perceptual-Motor Attributes of Mentally Retarded Children.* Unpublished Doctoral Dissertation, University of Tennessee, Knoxville, Tennessee, August 1968.

This study was designed to investigate the effects of systematic motor training on selected perceptual-motor (P-M) attributes (as measured by Cratty's Los Angeles Test Battery) of mentally retarded children (N-39; 31 boys; 8 girls; CA 8-14; IQ 51-87) and to determine whether these same perceptual-motor attributes could be enhanced as a result of 15 weeks of motor training.

Subjects were divided into three groups. Experimental Group *A* (EGA) received a systematic motor training program including visual dynamics, auditory dynamics, dynamic balance, body awareness, and unilateral and bilateral activities; Experimental Control Group *B* (ECB) participated in free play activities; and Control Group *C* (CGC) went to the library to study and to see films. Each group met three times each week, for 30-minute sessions, over a 15-week experimental period. Data were analyzed by covariance on the basis of the total test battery and the six subtests. Significant differences were found among the three groups' post-test scores, after the initial pretest scores were adjusted. However, no significant differences were found among groups when pretest scores and CA, pretest scores and IQ, and pretest scores and grip strength and power were adjusted. Within-group comparisons revealed significant differences between EGA and CGC, but none between EGA and EGB or between EGB and CGC. No differences were found among the three groups on the six subtest items. EGA showed a significant superiority over EGB on ball throwing and a similar superiority over CGC on body perception and gross agility; all other comparisons were non-significant.

Conclusions included the following:

1. P-M attributes can be enhanced as a result of a systematic motor training program.
2. Free play activities can contribute to development of P-M attributes to such a degree that they are as effective in developing these attributes as a systematic motor training program.
3. Limited activity has a stabilizing effect on development of selected P-M attributes when compared to free play activity but is unfavorable to a systematic motor training program.
4. CA, IQ, grip strength, and power are important factors when dealing with cross-sectional groups of mentally retarded children.

Information for Professionals and Parents

The California Association for Neurologically Handicapped Children offers a free orientation packet for parents and professionals seeking information on the child with minimal cerebral dysfunction. The packet includes a description of the perceptually handicapped child; a behavior rating scale; brochures and fliers on the work this volunteer organization is doing to meet the educational, therapeutic, and social needs of such children; a publications list of over 150 books and inexpensive pamphlets dealing with this subject; and a copy of the organization's monthly newsletter, CANHC-GRAM. Direct requests to CANHC Educational and Information Office, P.O. Box 604, Main Office, Los Angeles, California 90053.

THAIS R. BETER. *The Effects of an Organized Physical Education Program and an Auditory and Visual Perceptual Reading Program on IQ, Academic Achievement and Motor Fitness of Educable Mentally Retarded Junior High School Boys and Girls.* Doctoral dissertation. Louisiana State University, 1969.

The purpose of this study was to determine the effects of a concentrated physical education program and a program of auditory and visual perceptual reading upon academic achievement, intelligence, and motor fitness of educable mentally retarded junior high school boys and girls. Subjects were randomly assigned to one of three experimental groups: I—five boys and five girls in a combined program including 80 minutes of concentrated physical education and 80 minutes of auditory and visual-perceptual reading training per week; II—five boys and five girls in a program of 80 minutes of concentrated physical education and 80 minutes of classroom instruction per week; III—four boys and five girls in a program of 80 minutes of auditory and visual-perceptual reading and 80 minutes of classroom instruction per week. Five boys and four girls served as a control group and received instruction in a special education class throughout each five-hour school day.

Data collected included scores obtained from the Gates—MacGinitie Reading Achievement Tests (vocabulary and comprehension); The Wide Range Achievement Test—WRAT (arithmetic and spelling); Wechsler Intelligence Full Scale Tests for Children and Adults; and a motor fitness test consisting of ten items. Analyses of results indicated that:

1. Physical education did not contribute significantly to improvement in selected academic areas.
2. An auditory and visual-perceptual reading program did not contribute significantly to the selected academic areas.
3. Reading vocabulary gains were significantly greater *without* an auditory and visual-perceptual reading program.

4. Intelligence quotients were significantly improved after participation in a concentrated physical education program.
5. Intelligence quotients were not significantly affected by an auditory and visual-perceptual reading program.
6. A concentrated physical education program specifically designed for educable mentally retarded children was significantly better for improving total motor fitness than an existing regular physical education program.
7. Reading comprehension and arithmetic gains were significantly improved after participation in a combined program consisting of concentrated physical education activities and auditory and visual-perceptual reading.
8. Reading vocabulary gains were significantly greater with the traditional five hours of instruction in a special education class than with the other programs.
9. Reading comprehension and arithmetic were significantly improved through the traditional five-hour-day school program.

JOHN R. CAVANAUGH. *A Study to Determine the Effects of a Physical Education Programs on Educable Mentally Retarded and Minimal Brain-Damaged Children.* Master's thesis, Louisiana State University, Baton Rouge, August 1968.

This study was designed to determine whether mentally retarded (N—10, 5 boys, 5 girls; CA—13-3 to 17, X 14-8; IQ—59 to 79, X 67.5) and brain damaged (N—8 boys; CA—12-9 to 15-1, X 14-1; IQ—62 to 95, X 80.3) children can improve in levels of motor development and physical fitness after participation in an organized physical education program for 22 weeks. Subjects participated in a special program 90-minutes per day, 5 days per week. The first 30-minutes of each period were devoted to activities and exercises to improve physiological function (strength, cardiovascular efficiency, muscular power, and coordination); 60-minutes were used for participation in vigorous recreational games and activities with some attention given to developing social competencies.

Evaluations were based on improvement shown on each of 11 test items measuring various characteristics of motor development and physical fitness. The same activities, methods, and approaches (including special motivational techniques) were used with both groups; no attempt was made to compare the progress of the two groups against each other. Both EMR and MBD children showed significant improvement in muscular power, muscular strength of the legs, grip, cardiovascular efficiency, and strength-endurance of the shoulder girdle and arms. Improvement in performance of complex tasks was significant, but at a lower level of confidence than the simpler tasks. The EMR group improved significantly in back and hip joint flexibility while the MBD group did not show such progress.

KEN MCLAUGHLIN. *To Determine the Effect of a Program of Progressive Physical Exercises on the Physical Fitness of Institutionalized Mentally Retarded Adult Males Suffering from Tuberculosis.* University of Western Ontario, April 1968.

This study attempted to determine the effect of a program of progressive physical exercise (RCAF 5BX program) on the physical fitness of institutionalized mentally retarded males (N = 11; CA 26-9 to 46-5, X — 37-7; IQ 39 to 81, X 54.8) who at one time or another had active tuberculosis. The control group was, on the average, older, less intelligent, and in worse physical condition than the experimental group. Measures of balance, agility, speed, strength, power, muscular endurance, coordination, and organic fitness were administered to both experimental and control groups at the beginning and end of the special program, which extended over 11 weeks. The control group had no significant change between pre- and post-tests in any of the measures. On the other hand, the experimental group showed significant progress in strength (.05); balance, power, agility, and speed (.01); and muscular endurance and coordination (.001). No significant gains were shown in organic fitness. A positive but low correlation (.30) was found to exist between the physical performance and IQ of the experimental group.

Conclusions drawn from the study included the following:

1. Physical fitness of institutionalized mentally retarded adult males suffering from tuberculosis can be improved significantly by participation in a planned and progressive program of physical exercise.
2. No definite relationship existed between IQ and physical performance in this study.
3. Patient reaction to the program was encouraging and the program felt to be definitely worthwhile.

TONY MASTERS. *An Investigation into the Significance of Recreation for the Educable Mentally Retarded.* Master's thesis, University of Wyoming, Laramie, August 1968.

This study was designed (1) to review development of recreation programs for mentally retarded, (2) to report current trends and status of these programs, (3) to determine the importance and values of recreation for EMR, (4) to identify types of recreation programs found in state institutions for EMR, and (5) to determine how these programs can be developed further. Questionnaires were designed to obtain information about certain aspects of recreation programs for EMR: (1) general information, (2) characteristics of institution and program, (3) specific activities, (4) recreational skills and results, and (5) specific opinions. Questionnaires were sent to a jury of 12 recognized leaders in the field (50% were returned) and to personnel from 132 state institutions for the mentally retarded (65% were returned).

The investigator concluded from data gathered that: (1) recreation programs are essential in the treatment of EMR, (2) state institutions provided daily recreation programs of varied activities for mentally retarded, though the majority of respondents felt that programs were not adequate, (3) a variety of physical facilities were provided for conducting these recreation programs, (4) the majority of these recreation programs was directed by professionally qualified leaders, but these same programs were not staffed with sufficient numbers of qualified personnel, (5) participation in recreation activities contributed to social, emotional, intellectual, and physical development of mentally retarded, (6) specific recreational skills were taught and used to help the retarded assume their places in society, (7) correlation was found among opinions of the jury about the composition of ideal recreation programs for EMR and policies governing recreation programs in these state institutions, and (8) people must be made to realize that the mentally retarded are fellow human beings who can become assets to their families and communities rather than burdens and liabilities to society.

Note: A detailed summary of this study may be obtained from Programs for the Handicapped, AAHPER, 1201 16th St., N.W., Washington, D.C. 20036.

Kirk L. Fisher. *Effects of a Structured Program of Perceptual-Motor Training on the Development and School Achievement of Educable Mentally Retarded Children.* University Park, Pennsylvania: Pennsylvania State University, September 1969. (Office of Education Project No. 8-B-104; Grant No. OEG-0-8-082104-4702 (032)).

This study was designed to test the effectiveness of a structured program of perceptual-motor training with educable mentally retarded children (CA 6-10 to 10-11; IQ 50 to 80). Of 102 EMR children enrolled in public school special classes in an urban area who were tested with the Purdue Perceptual Motor Survey, 54 (36 male; 18 female; 29 Negro; 25 Caucasian) were determined to be deficient in perceptual-motor abilities. Each of these 54 children was randomly assigned to one of these groups: *Training* (T) participated in an individualized, structured program of perceptual-motor training twice each week (30 minutes per session) for four and one-half months; *Hawthrone* (H) met with the trainer but played table games instead of doing perceptual-motor training; *Control* (C) maintained regular classroom schedules. All children in the three groups responded to the PPMS, Wechsler Intelligence Scale for Children (WISC), Wide Range Achievement Test (WRAT), and Stanford Achievement Test (SAT) before training began. Following training, PPMS and WISC were administered to all subjects; two months later the two achievement tests were administered.

Hypothesis I, which predicted improvement of perceptual-motor abilities as a result of training, was not supported. Analysis of covariance of PMS scores, using age and PPMS prescore as control variables, revealed no significant differences among the three groups. A separate analysis computed for children under 10 years of age did reveal a significant difference in favor of Group T over Group C on PPMS total score; differences between T and H Groups were very close to statistical significance.

Hypothesis II, which predicted improvement in intellectual performance, was not supported. The *F* ratio from analysis of covariance of WISC Full Scale IQ's was not statistically significant. No support was found for Hypothesis III which predicted improved achievement. The covariance applied to both WRAT and SAT scores, using age and prescore as control variables, yielded *F* ratios which were not satistically significant.

All three groups of children demonstrated significant improvement from pretest to post-test on PPMS total scores and on both achievement tests. In addition, both T and H Groups showed statistically significant improvement in WISC Full Scale IQ, suggesting the importance of the Hawthorne effect on intelligence test performance.

Although there is some evidence that a short-term program of training in perceptual-motor abilities may be effective in improving the perceptual-motor performance of EMR children younger than 10 years, there is no evidence that such short-term training affects the intellectual functioning or the school achievement of such children. Evidence has been presented, however, to show that significant correlations did exist between perceptual-motor ability and intelligence and achievement. Several important variables for future research are suggested by the results of this study.

outlook RESEARCH

Nancy L. Steele. *A Study of the Status of Adapted Physical Education Programs for Girls in California Public High Schools.* Master's thesis. San Jose State College, San Jose, California, 1969.

This study was designed to identify current trends and status of adapted programs for physically handicapped girls in physical education departments of public high schools in California. Information was obtained in 9 areas: (1) types of adapted physical education programs offered; (2) types of substitute programs offered to students who do not participate in regular physical education program; (3) availability of monies, teaching resources, facilities, and equipment for adapted programs; (4) types of activities offered and resource materials used in adapted programs; (5) procedures used to recommend students for placement in adapted programs; (6) special preparation or qualifications of teachers responsible for adapted physical education programs; (7) relationship of geographical locations and population to trends in and status of these programs; (8) methods by which teachers are assigned to adapted programs; and (9) needs for undergraduate preparation and/or in-service education for physically handicapped students in physical education. A descriptive survey questionnaire was sent to 330 public high schools in California which were placed in three categories according to enrollment and randomly selected from northern, central, and southern sectors of the state. The following results were based on 272 returns (82.3 percent).

1. Responses indicated that 47.7 percent of the responding public high schools offer adapted physical education programs; 52.2 percent of the schools do not offer these programs.
2. Substitute procedures most often used in regular physical education classes were special placement of students in activities for limited participation (62.6%) and inclusion of students in other teachers' classes for instruction in activities more compatible with each student's condition (48.5%).
3. Alternate arrangements most frequently offered to physically handicapped students in lieu of physical education were elective classes (44.3%), study halls (43.6%), office duties in the physical education department (35.2%), jobs in the physical education department such as assisting in class and passing out towels (32.3%), and duties in other departments or in school offices (25.3%).
4. Referral into programs was most usually done by the student's family physician (81.5%). The school nurse (56.9%) and a special admission-dismissal committee (40.7%) recommended placement in a significant number of schools.
5. The majority of all schools used equipment which was shared with regular physical education classes (80.0%). Special equipment used exclusively by adapted classes was found to exist in only 20 percent of the schools. Regular physical education facilities were used in 80.7 percent of the programs; special rooms were available in 33.8 percent of the schools. Co-ed classes were conducted 40.7 percent of the time.
6. Assignment of teachers to the adapted program was most often by teacher preference (62.3%); principals made this assignment 34.6 percent of the time.
7. Activities indicated that programs were *more adapted than remedial in nature.* Programs included: semiactive indoor activities (88.4%); table games (78.4%); individual exercise (76.1%); fundamental motor skills (69.2%); water exercises and swimming (52.3%); rhythmic exercises (51.5%); and relaxation training (40.8%).
8. Almost half (46.1%) of these teachers had no special preparation except a physical education major. However, 92.2 percent felt that all physical education teachers should have *at least* one course in adapted physical education as part of the undergraduate major curriculum. In addition, 65 percent desired graduate courses in the area and 49 percent felt workshops and other in-service programs would be very beneficial.
9. A variety of reasons was given for not having an adapted program: insufficient number of students to qualify under state criteria (54.2%); lack of space (47.8%); lack of finances (42.9%); help needed to initiate the program (14.0%); and no member of the staff felt qualified to handle the program (12.6%).

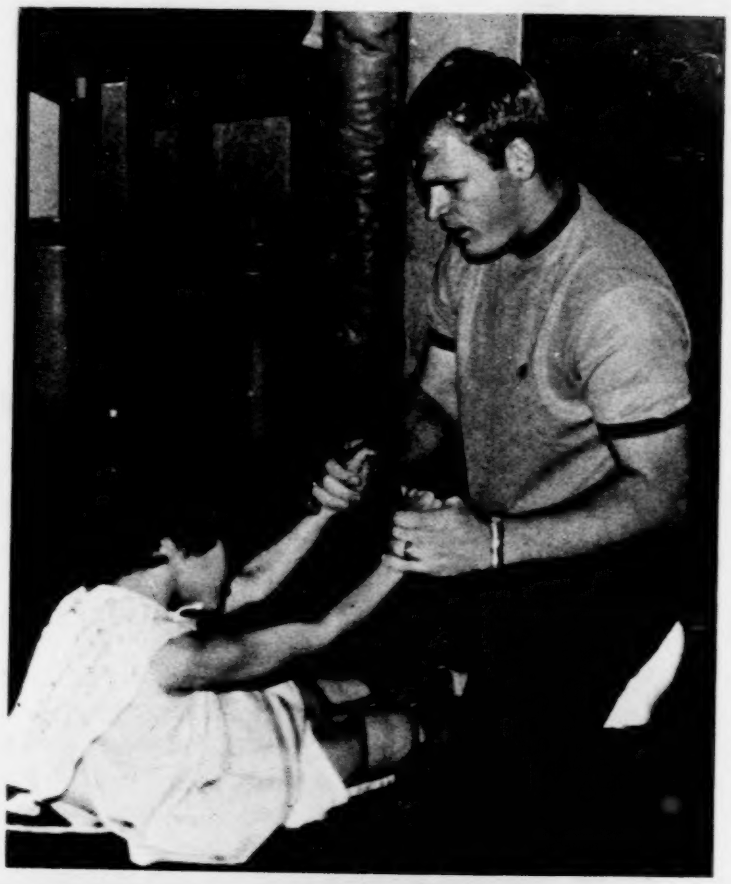
NOTE: Although this study was confined to California schools, its design and findings have both implications and applications for teachers, administrators, supervisors, and personnel involved in professional preparation programs in physical education in general and in adapted physical education in particular. A detailed summary of Miss Steele's Master's thesis may be obtained from AAHPER, Unit on Programs for the Handicapped, 1201-16th Street, N.W., Washington, D.C. 20036.

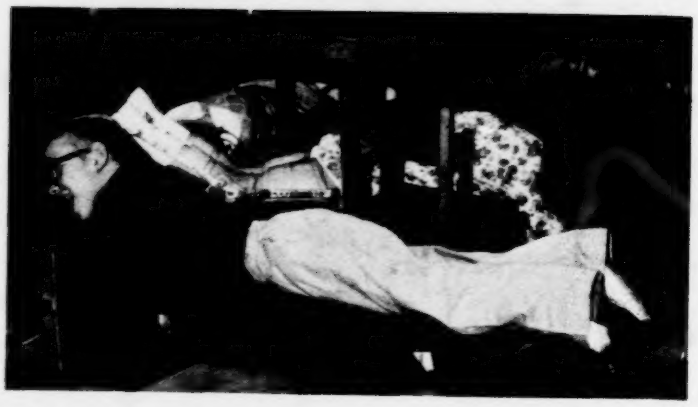
Barbara Brimi Moffitt. *A Critical Review of Literature Relative to Certain Types of Mental Rehabilitation Through Exercise and Sports.* Master's Thesis. University of Tennessee, Knoxville. 1960.

This study was concerned with a critical review of literature relative to the values of exercise, sports, and physical activity in mental rehabilitation. Also included was a review of current evidence regarding the psychological benefits of exercise and sports.

It was the opinion of many well-known leaders in the field of physical education that participation in exercise, sports, and physical activity contributed to the rehabilitation and recovery of mental patients. However, a definite lack of valid research studies which supported the claims of physical activity for mental rehabilitation was discovered. This lack of valid research was attributed to many variables which must be considered when dealing with mentally ill or emotionally disturbed individuals. The difficulty and, in some cases, the impossibility of isolating the variables of the individual patient were revealed in the studies reviewed. Lack of complete and thorough records of mental patients limited the amount of research done in the area of mental rehabilitation. The need for a revision of terms and definitions of these terms was apparent from the review of literature.

According to evidence presented, the following conclusions were made: (1) exercise therapy is a valuable adjunct in the *total push* program of mental rehabilitation and its use may result in improved behavior of psychiatric patients; (2) participation in physical activity may help some patients to profit more from other therapies; (3) the need for sedation, drug therapy, physical restraints, and hydrotherapy may be reduced by participation in exercise, sports, and physical activity.





RESEARCH

The following list of studies, all completed at the University of Iowa, and the accompanying photographs have been provided by Orrin H. Marx, Supervisor, Physical Education Department, University Hospital School, University of Iowa, Iowa City.

Bates, Donald. *The Effects of a Program of Balance Activities on Cerebral Palsied Children.* Master's thesis, 1959.

Bok, Frank. *Evaluation of Improvement in Gait of Cerebral Palsied Children.* Doctoral dissertation, 1956.

Healy, Alfred. *A Comparison of Two Methods of Weight Training for Children with Spastic Type of Cerebral Palsy.* Master's thesis, 1957.

McIntyre, Martin. *Reaction-time and Response-time Measurements in Children Afflicted with Cerebral Palsy.* Master's thesis, 1961.

Meditch, Carl. *Effectiveness of Two Methods of Weight Training for Children with Athetoid Type of Cerebral Palsy.* Master's thesis, 1961.

Soper, George. *A Study of Kinesthetic Sense in Children with Cerebral Palsy.* Master's thesis, 1967.

Stoll, Thomas. *The Effectiveness of a Special Program of Exercises on Eye-Hand Coordination in Children with Cerebral Palsy.* Master's thesis, 1965.

RESEARCH

Joseph P. Winnick. *Professional Preparation in Adapted Physical Education In The State of New York.* Brockport, New York: State University College (Department of Health and Physical Education), 1969.

To determine how teacher preparation institutions in the state of New York prepare physical educators and special educators for the responsibility of teaching physical education to students with various atypical conditions, questionnaires were sent to departmental chairmen of the 19 New York colleges and universities offering professional preparation programs. Similar questionnaires were sent to all colleges and universities in New York having programs approved or registered in the areas of the mentally and/or physically handicapped.

Principal findings of the study included:

1. A majority of the colleges and universities offering undergraduate programs to certify physical education teachers *do not* exceed minimal state-certification requirements (two semester hours) in the area of physical education for children with atypical conditions.
2. Most institutions offering graduate-degree programs with a major in physical education offer at least one graduate-level course in the area of adapted physical education.
3. None of the schools preparing special educators require a course in the area of adapted physical education; they offer minimal or no formal preparation in adapted physical education.
4. One institution (New York University) offers a master's and/or doctor's degree with a major in adapted physical education and one institution (State University College at Brockport) offers professional specialization in adapted physical education within its master's degree program.

AAHPER UNIT ON PROGRAMS FOR THE HANDICAPPED

The AAHPER Unit on Programs for the Handicapped is concerned with all aspects of health, physical education, and recreation for the impaired, disabled, and handicapped. Services are available to personnel concerned with programs for impaired, disabled and handicapped in public schools, residential facilities, day care centers, hospitals, and in various community settings. The AAHPER program is concerned with adapted and corrective physical education; health and safety problems of the impaired, disabled, and handicapped; recreation for the ill and handicapped; and therapeutic recreation. Although a major emphasis of the program, activities, and projects promote *integrating* the impaired, disabled, and handicapped into regular school physical education and community recreation programs, services and materials are available (or being processed) for various impairments and specific conditions:

Deprivation – cultural, economic, motor, and social
Hearing impairments – deafness and hard of hearing
Illness and infirmed conditions
Learning disabilities and perceptual-motor problems
Low physical fitness and specific motor deficiencies
Mental retardation – mild, moderate, severe, and profound
Neurological impairments and brain damage
Physical and orthopedic conditions
Special health problems – cardiac, multiple sclerosis, and muscular dystrophy
Serious maladjustments, emotional disturbances, mentally ill, and social maladjustments
Visual handicaps – blindness and partial sightedness

Special consideration is being given to early childhood education programs along with those for adults and the aging. Subprojects and specialized activities are initiated as specific needs are communicated to AAHPER. The AAHPER Consultant on Programs for the Handicapped works directly with leaders from community, recreation agencies, state and local departments of education, colleges and universities, parent organizations, civic and service groups, and public, private and volunteer agencies, as well as with individual teachers, recreation specialists, administrators, supervisors, other professionals, and various paraprofessionals.

AAHPER is a national affiliate of the National Education Association with a membership of more than 50,000. Founded in 1885, this Association is concerned with improving the physical education, health education, and recreational opportunities for children, youth, and adults throughout the country. Between July 1, 1965, and June 30, 1968, the Association conducted the Project on Recreation and Fitness for the Mentally Retarded with a grant received from The Joseph P. Kennedy Jr. Foundation. On July 1, 1968, the scope of the Project was officially expanded to encompass all handicapping conditions. The AAHPER Board of Directors made the program a permanent part of its structure and operation in November 1968. The scope and function of activities, services, and materials provided by AAHPER in health, physical education, and recreation for the impaired, disabled, and handicapped will continue to expand to meet the needs and demands of all personnel involved and interested in these programs.

Major areas of concern in AAHPER's programs for the handicapped are the following:

> *Consultive Services,* through local, state, district, regional, and national programs of organizations and agencies interested and involved in physical education, recreation, health, and safety programs for the handicapped, and through individual services to groups conducting or interested in developing programs in the areas of concern.
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> *Leadership Preparation,* through services, materials, and programs for personnel now in the field, for those who have not yet completed or matriculated in undergraduate professional preparation programs, and for paraprofessionals, volunteers, parents, and others of the lay community.

Program Interpretation, through various publications, by reproducing materials and promoting pilot demonstration programs.

Research, through initiating and sponsoring pertinent studies and projects, and by serving as a clearinghouse for research activities in the areas of concern.